

Impact of Tsunami On Alcohol Abuse In Coastal Chennai

Summary Report

2006

study conducted by

Community Development

Organization Trust (c - DOT)

WORKSHOP
RECOMMENDATIONS
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C-DOT

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ALCOHOL ABUSE AMONG THE COASTAL COMMUNITIES IN CHENNAI DISTRICT

SUMMARY REPORT

Tamil Nadu Tsunami Resource Centre – TNTRC

Community Development Organization Trust – C-DOT

Research Consultants
Prof. L. S. S. Manickam Ph.D.
Dr. Joshi Basil Ph.D.

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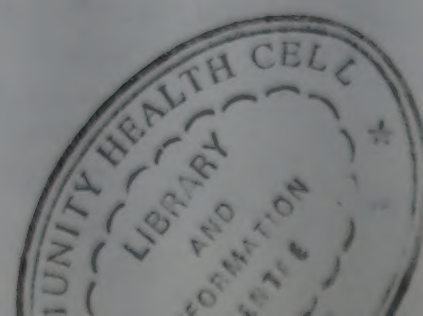
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SUMMARY REPORT

Tamil Nadu Tanager Resource Centre - TNRCC
Community Development Organisation Trust - C-DOT

Research Consultants
Prof. L. S. Manickam Ph.D.
Dr. Jagan Prasad Ph.D.

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PREFACE

Tsunami was an extraordinary event that created an indelible mark on the coastal communities and the human world itself. Its impact was horrendous both in seen and unseen spheres. Here is a scientific attempt to gauge the impact of Tsunami in health sphere. The space is coastal region and the problem is multidimensional – Social, Economic and health wise. The study findings indicate that more than 90% of men consume liquors and more than 50% are addicted to it. The worst information is that the users/abusers of liquors start their drinking behaviour at the age of 10.

If reconstruction of the coastal world is taken up and rehabilitation is the starting point, one may assertively say that real development will be impossible without the control of disorder due to liquor. All efforts will be useless if this problem is not contained on the conceptual level; subsequently, on the policy level of the governments. As researches are very few, status reports are too limited. Therefore the effects are not known sufficiently. The burden of responsibility is indeed quite heavy for the governments and the civil society. Joint venture is the challenging demand of this situation. One hopeful sign, already observed, is from the efforts and expenditure by the government on awareness, prevention and treatment of the disorder in focus.

The study on the IMPACT OF TSUNAMI ON ALCOHOL ABUSE IN COSTAL CHENNAI, TAMILNADU.INDIA was conducted by C-DOT (Community Development Organization Trust) Chennai, facilitated by TNTRC Chennai. It was Planned and executed by research consultants Prof.L.S.Manickam, Ph.D. and Dr.Joshi Basil,Ph.D., while acknowledging the valuable contributions of the above mentioned Organizations and Scholars, We remember gratefully the following officials who helped facilitate the study.

1. Dr.Nalini Keshavaraj, Manager-TNTRC
2. Dr.K.M.Parivelan, TNTRC
3. Dr.Sam Manickam and Dr.Joshy
4. Members of the Coastal Community of Chennai.

It is quite appropriate to thank sufficiently Dr.Thelma Narayan Co-coordinator of Community Health Cell, Bangalore and Fr.Manu Alphonse sj for their long contributions over the year to have the scientific temper and people- oriented action research, seen in the pages of this book.

S.D. Rajendran

S.D.Rajendran
Director (C-DOT)

Foreword

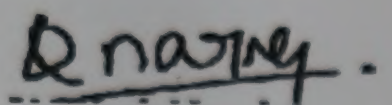
Reports of increased use of alcohol after Tsunami across the coastal districts affected by tsunami were coming in through the different forums organized by TNTRC across the different sectors which were cited as one of the main constraints for the rehabilitation and reconstruction programme. The explanations attributed to this behaviour ranged from distress and trauma of Tsunami, increased availability of cash after tsunami, lack of work, leisure and social drinking, and access to liquor. Often the repercussions felt by the families through increased domestic violence, abuse and lack of responsible behaviour were stated as problems.

It was at this time that Mr. Rajendran, Director, C-DOT approached TNTRC with a blue print of the study on Alcohol abuse with a sound research back up and stressed the need to examine the problem with all its implications in the urban context in Chennai District in the post tsunami scenario among the families affected by Tsunami. The need to probe further into the problem to find out the actual cause and effect relationships were recognized by the TNTRC so as to provide valuable lessons which would aid the reconstruction and rehabilitation process. TNTRC was also keen to take up this study in the context of building back better communities so as to address the root causes and suggestions for sustainable solutions to alcohol abuse/addiction which may need to be addressed differently.

This study "Impact of Tsunami on Alcohol Abuse in Coastal Chennai" provides deep insights into the patterns of abuse, the abusers, the possible reasons and social ramifications that are a result of the abuse, the subsequent problems of families, the effect it has on the total family scenario in the post disaster situation, which is already traumatic.

The findings and recommendations apart from providing insights and suggestions for follow up also open up more opportunities for further research in this area. Besides, this issue when tackled satisfactorily provides other spin offs by providing value addition to the various programmes taken up for livelihoods restoration. This will also help understand the total scenario as well as work towards building more resilient, healthy and productive communities.

This research study will be useful not only for researchers, but also planners, administrators and implementers of the programmes both in the government and non governmental institutions. It would provide valuable insights to whether cash for work programmes or kind for work need to be undertaken, if cash handling needs to be amended in the immediate aftermath of a disaster or how to tackle the initial distress and disillusionment in the families.



Nalini Keshavaraj
Manager, TNTRC

C-DOT

C-DOT is **Community Development Organization Trust**, established in the year 2002. It has initiated 'curative', rehabilitative and preventive measures for problems from the perspectives of the past, present and future. It visualizes and carries out Community Health Rehabilitation. Community Health Programs and Capacity Building Programs. In a special way, C-DOT has organized specific Health Rehabilitation and Social Awareness Programs for **TSUNAMI** affected communities in North and South Chennai, in particular, for women, adolescent girls and children.

The Vision

Promoting the health of the under-privileged communities, ensuring the health and protection of the victims of natural and human-made disasters and caring for the health and hygiene of the displaced people due to disasters.

The Objectives

- To promote community health by strengthening and building knowledge and skills in persons among underprivileged communities.
- To conduct awareness sessions on public health issues and alcohol related problems for youth and children.
- To organize state-level consultations, meetings and workshops on health and alcohol issues.
- To promote income generation activities and sustainable livelihood programs – traditional and non-traditional, among women.
- To motivate the youth for the development of their own and the society.
- To organize coping skills and soft skills (life skills) among youth, especially, the victims of the Tsunami.
- To provide mirror treatment facilities on need basis for a short time period.
- To network with NGOs and build larger forums for effective advocacy and lobby against larger issues, related to health and development with a focus on policy-level changes.

Ongoing Projects – spelling out successfully C-DOT's Vision and Objectives:

➤ Community Health Care Center.

- Right to health and health care campaigns.
- Research work, related to Public Health, traditional and alternative with livelihood material support.

➤ Hygiene Promotion through volunteers.

- Health clubs formed for the purpose of conducting regular health sessions.
- Health camps focused on addressing the key health problems faced by the community.
- Community based activities to control alcohol related problems.

➤ Training sessions held on Women's Health and Empowerment.

- Life Skills Education for Youth.
- Vocational Training on Mobile Phone Servicing, Computer, Beautician in order to promote livelihood options for the youth.
- Placement' counseling.
- Child Rights Protection and Psychosocial Support.

➤ Income Generation Training on Eco-Friendly Hand Made Paper Products, Jute Products and Value Added Fish Products / Productions and demonstration units.

- SHG Formation.
- Formation of SHG Federation.
- Rickshaw Bank for Rickshaw Pullers.



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Date: October 2006

TNTRC

Tamil Nadu Tsunami Resource Centre (TNTRC) is a neutral, inclusive and nodal forum at the State level. It facilitates the tsunami recovery process by bringing together the various stakeholders in tsunami recovery, coordinating their activities, disseminating information, sharing best practices, providing an interface with the government and providing policy support. TNTRC networks with district resource centres in Nagapattinam, Kanyakumari, Villupuram, Cuddalore and Thoothukudi and Tirunelveli jointly, and coordination centres at Chennai, Kancheepuram and Tiruvallur with an aim of reducing the vulnerability of the communities to future disasters.

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Disclaimer

The analysis and policy recommendations of this booklet are solely of the research team and do not necessarily reflect the views of the Tamil Nadu Tsunami Resource centre or its Advisory Board.

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1. Executive Summary

This report is a summary of the methodology and findings of the Study on the "Impact of Tsunami on Alcohol Abuse among Coastal Communities in Chennai District. The study was conducted to assess the extent of abuse of alcohol and its impact on the population at Tsunami affected coastal areas of Chennai. Tamil Nadu Tsunami Resource Centre (TNTRC) had facilitated and funded the study. It was conducted by C-DOT (Community Development Organization Trust), Chennai. The research consultancy was undertaken by Dr. L.S.S. Manickam, Hon. Director, Centre for Applied Psychological Studies, and Dr. Joshi Basil.

C-DOT in Chennai intended to assess the extent of alcohol abuse among the men population, in order to analyse the impact of Tsunami on the drinking behaviour of those who abuse alcohol; to evaluate the impact of the drinking behaviour on the women; to examine the effect on adolescents; to assess the effect of alcoholism on the children; and to explore the needs of the population in relation to drinking behaviour in the coastal areas of Chennai. The core indicators on which the data were collected included the behavioural indicators related to alcohol drinking behaviour. The measurements of indicators received in this study serve as a baseline indicator for providing services and guideline for plan of action in the Tsunami affected coastal areas of Tamil Nadu.

The data were provided not only by those who have drinking behaviour, but also by the significant members in the family - women, adolescents and children in the community. The criteria for establishing alcohol dependence were based on the International Classification of Disorders (ICD-10).

Methodology

Sample and research design: The sample consisted of 320, drawn from two regions, one from locally displaced population and the other from temporarily displaced population who were affected by the tsunami. The two regions were from Chennai district in Tamil Nadu. Proportionate sample was drawn from the population in the two regions. An equal number of adults (both gender), adolescents and children (both gender) were included. The sample was drawn from 4 different strata- adult men, adult women, adolescents and children and the data about the index person in the family/household were gathered. The data was collected through interviews using a survey schedule and through focus group discussion, after the initial discussions with the key community members.

Implementation: Qualitative exploratory research was conducted with the people in the community and other professionals working in the area of alcohol dependence to gain information to the questionnaire development. After pre-test, the interview schedule was used for collecting the data. The implementation team had received extensive training in data collection and a supervisory team monitored the quality of data collection. Informed consent was obtained from the participants and in case of adolescents shared informed consent was obtained from both the participant and one of the parents. In case of children, the informed consent was obtained from the parents.

Findings: Among the Tsunami affected coastal population majority of the adult men 74.06% were having drinking behaviour and 52.8% were dependent on alcohol. The age of onset of drinking was reported to be 10 years and the duration of drinking was 14.6 years. They were abusing branded liquor and majority, 51.05% were abusing illicit liquor also. There was a decrease in consumption immediately after Tsunami and it increased when the relief money was disbursed. Though the intake was reduced, the current consumption was higher than the quantity of intake before Tsunami. However, 19.39% of the respondents reported that the behavioural problems of the index persons worsened after Tsunami, though there is no change in 61.8% of them. The average income of the total sample was Rs. 1970.47 and on an average they were spending Rs. 840.40, i.e. 42.65% of their monthly income on alcohol. 20.63% of them were financially dependent on the women. In addition, majority of them, 81.88% were experiencing one trauma response or the other and 34.37% were 'using' alcohol to cope with the trauma. As a result of drinking behaviour, the women, adolescents and children and the major ones were the psychological abuse and physical abuse by the index persons. The common emotional reactions felt by them were frustration, anger and increased irritability.

Recommendations: Majority of the sample interviewed including the index persons had expressed the need for drinking and 28.17% wanted the index persons to take treatment. Since there is no treatment centres that are easily accessible, establishing a de-addiction centre with sufficient staff for counselling need to be provided. The 'de-addiction' centres often focus on the addiction related issues. Since the majority of the adult population were experiencing trauma, the need for trauma counselling is also felt. Apart from de-addiction other areas that need counselling and priorities are economic independence, vocational counselling and empowering the women, especially the adolescent girls in the community. People centred approach in providing alternate ways of engaging in leisure time activities and provision of services within the community would be most helpful. The snowball effect could help build healthy communities among the fishing and non- fishing coastal populations.

2. INTRODUCTION

The coastal people of Tamil Nadu, who were affected by Tsunami of December 26, 2004 had faced trauma in terms of loss and local displacement. Some of them were locally displaced temporarily whereas some others had to be relocated for safety reasons. While some of them could get back to their original place of living, there are several families who are yet to be rehabilitated on a permanent basis. In this process people had undergone, different types of hardships and trauma other than the trauma of Tsunami and for some the hardships still continue. The problem of drinking behaviour is likely to be aggravated due to the increased stress levels, though its abuse was minimised immediately after the disaster, when people were rushing for safety and stabilization.

One of the questions that researchers ponder over is the influence of disaster on the coping mechanisms and its influence on the behaviour. It would be worth exploring the impact of Tsunami on those people who are already having problems related to alcohol abuse that got aggravated as a result of the trauma.

C-DOT is a community development organization, based at Chennai and working with the coastal population in Tamil Nadu. C-DOT aims at the comprehensive development of the coastal population. It was observed that the development activities initiated by the NGO's were being adversely affected by the increased incidence of alcohol related issues in the coastal areas. Moreover, the traumatic event of Tsunami had ruined the growth of the development process. Therefore it was decided to study the impact of alcohol dependence on the community in the context of Tsunami. It was also conceptualized that identifying the magnitude of the problem among the coastal population and the extent it affected the community would help plan strategies for further action. While working with the coastal population, different sections of people in the community expressed frustration on the unattended issue. Hence a study was conducted to explore the extent of the problem and its impact in order to plan intervention strategies for the community. The data would also help plan strategies of intervention in the coastal areas of Tamil Nadu, worst affected by the Tsunami.

It is worth exploring the impact of Tsunami on the coastal population in Chennai in relation to the alcohol-related problems and the trauma. Since family is a key factor in the Indian culture, the impact of drinking behaviour on the members of family, including the women, adolescents and children requires investigation in order to explore the unattended serious disease of alcoholism and its relation to trauma.

3. METHODOLOGY

3.1 Research team

Design team	Prof. L.S.S. Manickam and Dr. Joshi Basil
Research Consulting Team	Dr. K.V. Sreenivasan, Psychiatrist. Mr. Satheesh Chandran, Social Work. Dr. Immanuel Thomas, Prof. of Psychology. Dr. B.H. Helen Joy, Educationist.
Research Team Leader	Prof. L.S.S. Manickam
Research Co-ordinators	Mr. B. Senthil and Mr. N. Suresh Kumar
Field Study Team	Mr. Amal Thomas, Mr. D. Vijayaraghavan, Mr. G. Arul Kumar, Ms. S. Gomathi, Mr. Raja and Ms. Rajeswari
Data Analysis and Report Writing	Prof. L.S.S. Manickam and Dr. Joshi Basil

3.2 Objectives

3.2.1 Major Objective

To assess the extent of abuse of alcohol and its impact on the population in Tsunami affected two coastal areas of Chennai district.

3.2. 2 Specific Objectives

1. To assess the extent of alcohol abuse among the male population.
2. To analyse the impact of Tsunami on the drinking behaviour of those who abuse alcohol.
3. To evaluate the impact of drinking behaviour on women.
4. To examine the effect on adolescents.
5. To analyze the effect of alcoholism on children.
6. To explore the needs of the population in relation to drinking

3.3 Research Design

3.3.1 Stratified Random Sampling.

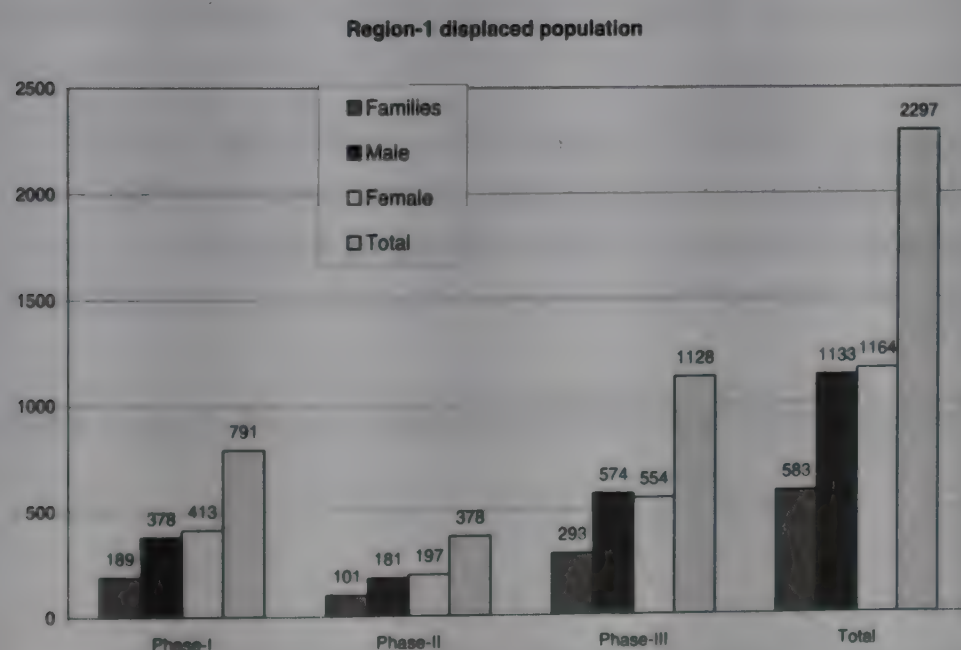
Stratified random sampling was used. The first stratum was the regions I and II.

3.3.2 Sample

Two coastal areas were chosen in Chennai district.

3.3.2.1. Region I- Locally Displaced Population

One of them was Ennore, where people were living in 3 housing settlements which housed 2297 population. The people living at Ennore, closer to Kasimedu, were shifted for safety reasons after tsunami. Initially they were resettled at Kargil Nagar, which was a low-lying area.

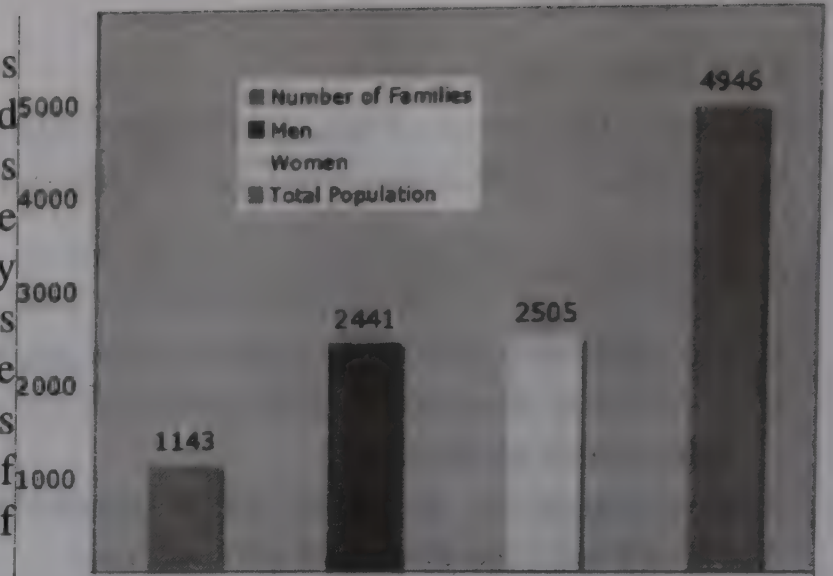


However the flood havoc in November – December 2005, displaced them again and the government resettled them at the present location at Ennore.

The three settlements were maintained like a close community. But since the housing areas were not provided with completed boundary walls, outsiders and social miscreants could easily creep in.

3.3.2.2 Region II

This coastal area is a belt that houses 4946 population. This area was affected by Tsunami and the loss of people in this area was estimated to be 57. The people who were on the seashore on temporary sheds were affected and the survivors resettled in safer region. But the people who were living in permanent houses were also affected. There was loss of lives 6000 and property, and many of them ran for their life during the tide.



But majority of the houses were inhabitable with both minor and major repairs. Majority of the people in this area returned back to their own houses. In other words, this area has a population who are still living near the sea, as they had lived pre Tsunami. Except for the clearance of the sea shore occupation where some people used to brew illicit liquor, the people are back to their 'normal' functioning.

There is no clear-cut demarcation between the neighbouring coastal communities, except for the by lines. It is not an exclusive community and it is within the city limits.

3.3.3 Rationale for choosing the areas

The coastal communities were worst affected by Tsunami compared to other geographical areas of Chennai.

Region I, Ennore, was chosen since it houses people who were locally displaced from the coastal areas.

Region II, Srinivasapuram is also a coastal area, but the population in this area were temporarily dislocated, but could return to their own houses where they were living pre Tsunami.

Moreover, C-DOT has been working with these communities addressing various issues including livelihood and rehabilitation. The rapport established with the community would help data collection that are of importance and personal.

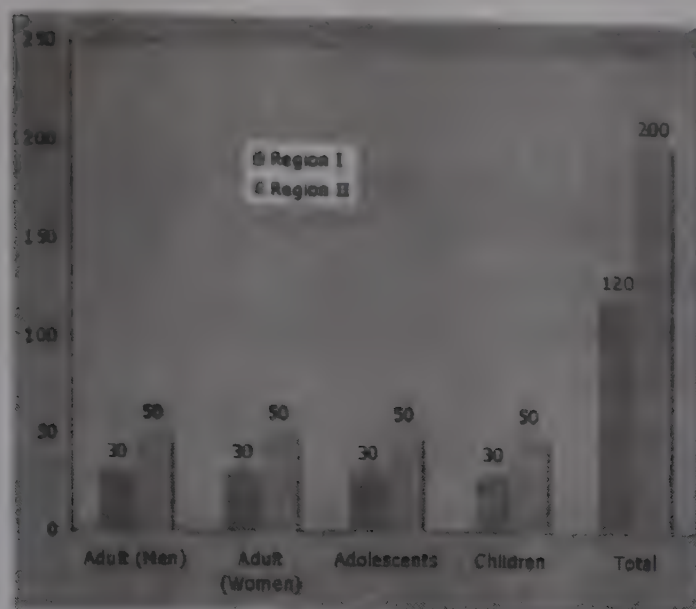
3.3.4. Exploratory Sample Survey

It was decided to interview stratified samples from the population from Region I and Region II.

3.3.5. Focus group discussion

It was also decided to conduct a focus group discussion with specific questions.

3.4. Sample Size and Description of the Sample



From Region I, 30 samples of the each stratum of adult men, adult women, adolescents and children were drawn.

From Region II, 50 samples of each stratum were drawn. Equal representation of both genders was provided for adolescents and children. Proportionate sample was drawn from the population of the two regions.

From the Region I, a sample of 120 was drawn and in Region II the sample consisted of 200. The second stratum was the age group. An equal number of adults, (both gender) adolescents and children (both gender) were included. The sample was drawn from 4 different strata-Adult men, Adult women, Adolescents and children.

3.5 Tools

Interview as a method was chosen since majority of them were found to be illiterate. The semi-structured interview would also facilitate free flow of conversation that would ease the process of data collection.

3.5.1. Interview Schedule

Interview schedule was prepared to collect the data in discussion with the research team that constituted two clinical psychologists and one psychiatrist who had worked in the area of de-addiction. Though several screening scales are available to screen the problem of alcohol, in order to assess the impact of alcoholism on women and the families, an interview schedule was preferred. The items were finalized after several rounds of discussions. It was tried out in a setting other than the study area and the appropriate modifications were made. The tool had separate components for assessing the impact on women, adolescents and children.

Often the substance dependent persons tend to deny their drinking problem and its impact on spouse and children. Hence it was decided not to ask the dependent persons about the impact of their own behaviour on specific issues of children and adolescents.

The following were the components of the tool.

Adult Men 1. Personal Data 2. Family status 3. Impact of Tsunami (Personal loss, Personal hurt, Physical loss) 4. Trauma responses. 5. Coping with the Trauma 6. Pattern of Drinking 7. Quantity of in take 8. Number of days of drinking 9. Money spent 10. Type of drink 11. Attributed reasons 12. Dependence on alcohol (Physical dependence, Psychological dependence, Increased tolerance and Craving) 13. Family 14. Health 15. Abstinence 16. Relapse timings 17. Other substances 18. Need 19. Leisure 20. Leisure activities 21. Leisure availability	Women in addition to the above, the components were added. 1. Effect of drinking 2. Change in behaviour(before Tsunami and After Tsunami) 3. Emotional reactions 4. Effect on Children 5. Current Concerns Adolescents 1. Effects of drinking 2. Change in behaviour(before Tsunami and After Tsunami) 3. Emotional reactions 4. Effects on Mother 5. Current Concerns Children 1. Effects of drinking 2. Change in behaviour(before Tsunami and After Tsunami) 3. Emotional reactions 4. Effects on Mother 5. Current Concerns
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3.5.2. Focus Group Discussion

Specific questions were designed for the Focus Group Discussion by research team.

The Research Questions for the Group

- 1 What is the extent of problem drinking in their community?
- 2 What is the attitude towards drinking alcohol?
- 3 How has it affected them?
- 4 What impact it had made on the spouses and children?
- 5 What are the reasons stated for alcohol use or abuse?
- 6 How Tsunami has influenced the pattern of alcohol abuse?
- 7 What is the community's perceived need in tackling the issue of abuse of alcohol?

4. RESULTS

4.1 Profile of the respondents

The sample consisted of 320 respondents. The sample was drawn from Region I Ennore (N 120) and Region II, Srinivasapuram (N 200). It consisted of 80 adult men, 80 adult women, 80 adolescents (40 from each gender) and 80 children (40 from each gender). The sample characteristics are given below.

4.1.1 Adult Men

The age ranged from 21 to 73 years and the mean age was 39.98. There is no significant difference between the two samples in relation to age. The educational level of the sample at Srinivasapuram was higher than the one at Ennore. When combined, almost 50% of the population had education up to 6 – 10 years of schooling. Though the two regions were in close proximity to the urban area, the reason for the educational level remaining low requires further exploration. Majority of the sample was engaged in unskilled (23.75%) or semi-skilled job (32.5%), but 31.25% were engaged in fishing and they were from Region I. However, 7.5% of the samples were engaged in other occupations like trading or maritime related jobs. On an average, majority of them earned between Rs. 2001 to Rs. 3000 every month and the average income was Rs. 2237.50. Majority 71 (88.75%) were married and the sample population did not include widowers or separated men. 71(88.75%) hailed from nuclear family and only 9 (11.25%) were living in joint families. The majority of the sample had a family income above Rs. 2000 per month, though it was irregular. However 26.25% (21) had an income less than Rs. 2000 per month.

4.1.2. Adult Women

Samples of 80 adult women were interviewed from the Region I and II. Their mean age was 31.69 years and the age ranged from 20-52 years. Thirty six (45%) of them were illiterate. However majority of them had schooling from 1 to 10 years. The women at region II were more literate compared to the women at Region I. A significant number of them were housewives 35 (43.75%). However majority of them (56.25%) were engaged in some work or the other. Their earning capacities were less since many of them were employed in unskilled job or in small scale vending. Sixty three (78.75%) were married, 7(8.75%) were widows, 1 (1.25%) was separated and 9 (11.25%) were unmarried. Sixty one (76.25%) hailed from nuclear family units, 5(6.25%) were from extended family and 14(17.5%) were from joint family units. It showed that the majority of the sample has income above Rs. 2000 per month. Only one respondent (1.25%) had an income below Rs. 1000. However there were 4 (5%) who had an income above Rs. 5000.

4.1.3 Adolescents

The age ranged from 13 –19 years and the mean age was 15.74 years. There were an equal number of males and females of 40 each. The adolescents had a schooling of above 6-10 years. However 3 (3.75%) were illiterate and 14 (17.5%) had schooling of only 1-5 years. Majority, 79 (98.75%) hailed from nuclear families. Only 1 (1.25%) hailed from an extended family. The majority of the sample had come from families with income above Rs. 2000 per month.

4.1.4 Children

The average age was 10.69 years and their mean age ranged from 7 – 12 years. There were 40 boys and 40 girls. All the children were attending schools and were studying in classes 2 – 7. Majority of them were in classes 1 – 5. Out of the 80, 67(83.75%) hailed from nuclear family units, 7(8.75%) were from extended families and 6 (7.5%) were from joint families. Compared to the adult population, children reported that the family size was large. Majority of the sample belonged to families that had income above Rs.2000 per month, though it was irregular. However 21(26.25%) were from families with income between Rs. 1001 – 2000 and 12(15%) reported that their family income was above Rs. 5001.

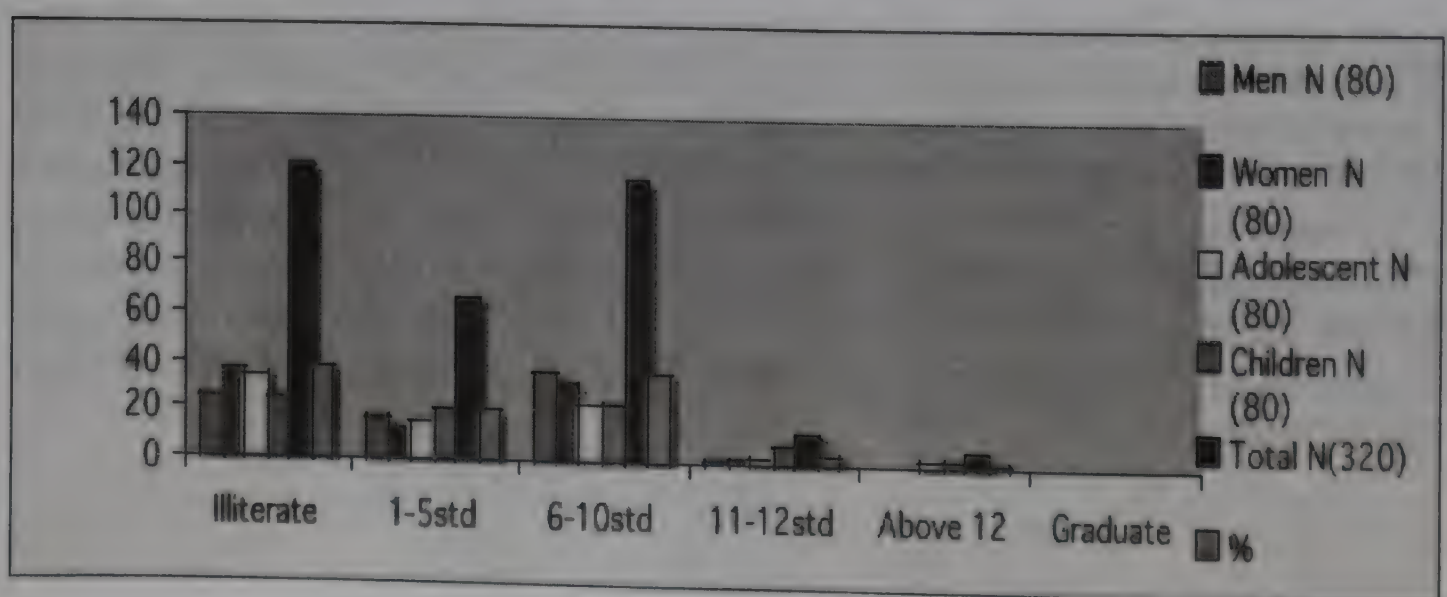
4.2. Profile of the Index Persons (Data from the 320 respondents)

4.2.1. Age

The mean age of the index persons was 38.66 years. The age of the index persons ranged from 20 to 73 years. The mean age of the index persons provided by the adolescents were higher, whereas those provided by the children were low. Since the children were in the age group of 8-12, it is likely that the parent's or the relative's age would be younger than the total sample.

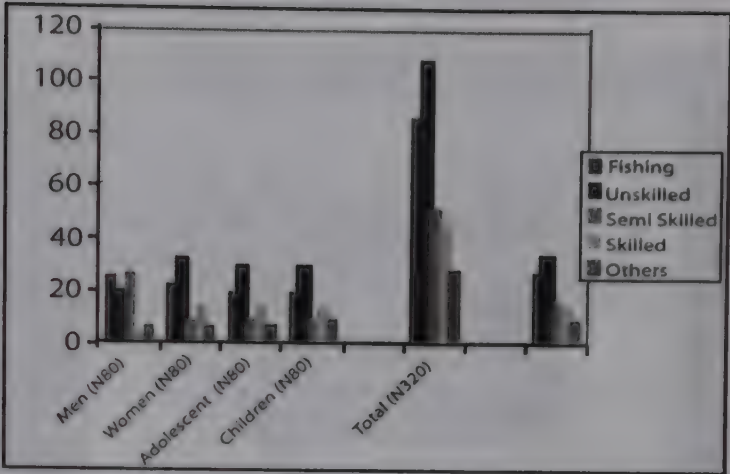
4.2.2. Education

Majority of the index persons were educated. However, 37.5% of the index persons were illiterate. The predominance of the illiterate persons was from Region I. There was no one who had education at the college level.



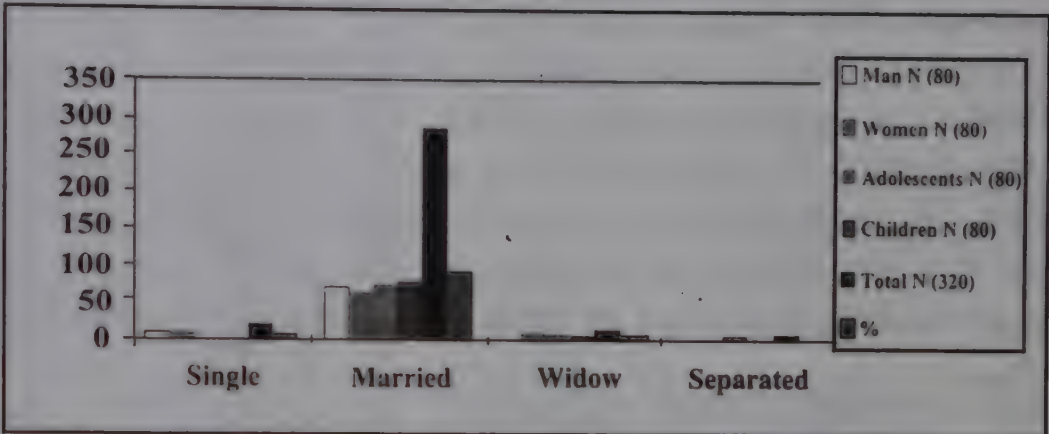
4.2.3. Occupation

27.19 % were occupied in fishing, and majority of them were from Region I. But the total sample showed that majority of them were employed in unskilled or semiskilled occupations. A small percentage of 14.06 were occupied in skilled job. Similarly 8.75% were engaged in self-employment or maritime jobs.



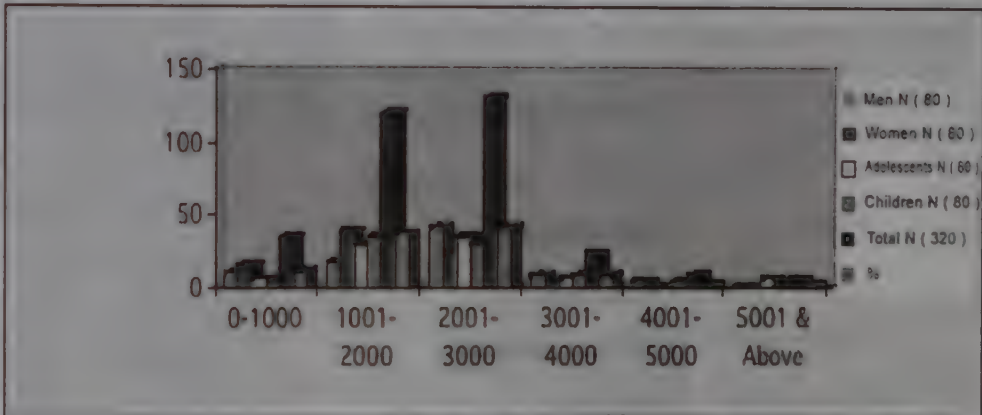
4.2.3. Income of the index person

Majority of the index persons had income between 2000-4000. However, 10.62% had income below Rs.1000 per month. The average income was Rs 2070.

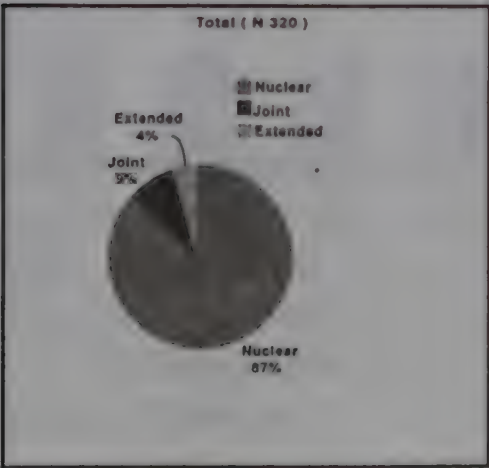


4.2.5 Marital Status

Majority (89.38%) of them were married, 5.62% were single, 4.06% were widowed and 1.56% were separated.

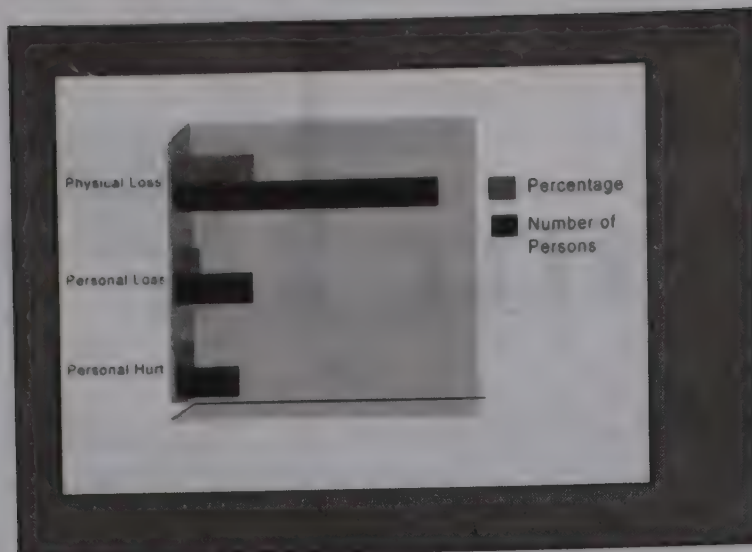


4.2.6 Family Unit



86.88% hailed from nuclear families, 9.1% were from joint families and 4.1% belonged to extended families.

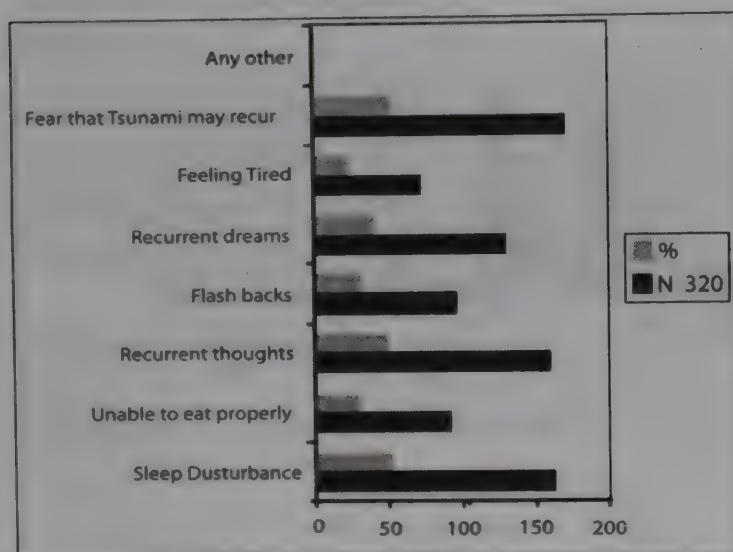
4.2.7 Impact of Tsunami



25.62% had personal loss. Men from region I had more personal loss when compared to the men from region II. The sample of Men reported personal loss more than the other samples. The personal loss included loss of friends, other than relatives. Therefore men would have reported more personal loss than perceived by the other samples. More men than the other three groups reported personal hurt to the index

persons. Out of the 320 men, 20.63% had personal hurt. 85.93% had lost their household articles (HA) and 49.1% their houses. Considerably low percentage lost their most valuable articles (MVB) and 13.12% reported loss of pets. Personal hurt was affected in more number of people when compared to physical loss and personal loss. The women reported that the number of index persons having physical loss was more when compared to personal loss and physical hurt. However the impact of personal loss is likely to be more traumatic than the physical loss.

4.2.7.1 Trauma (Extent of Trauma)



The mean percentage showed that 81.88% are currently experiencing one trauma response or the other. Adolescents reported more number of the index persons having trauma responses, whereas children reported the lowest number of people with trauma. However significant number of men also reported having trauma from both the regions.

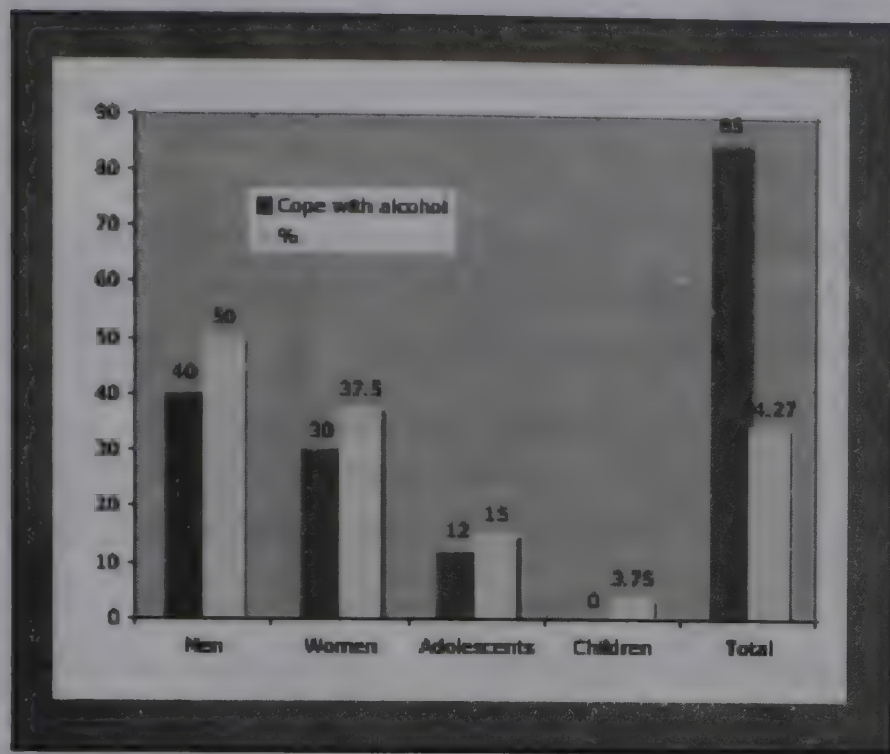
4.2.7.2 Trauma responses

Out of the trauma responses, 52.88% of the index persons were reported to be having fear of another Tsunami. Since 27.19 % of the total population was involved in sea related occupation or fishing, it is likely they are venturing in to the sea with this fear, which could emotionally affect them in the long run. Majority of the index persons were reported to be having sleep disturbances (51.25%) and recurrent thoughts (50%). When the data of the men alone were considered, sleep disturbance, recurrent thoughts and fear of Tsunami dominated. Since one or the other trauma responses were present in 81.88% (table in the previous page, 13.7.4) of the adult men who were also involved in sea related job, it can be concluded that the adult men require professional help for getting over the trauma. Disaster preparedness Programmes may be arranged in the community in order to allay the fear of Tsunami. Those who are intensely affected may be provided with specialized counselling services.

Trauma

While narrating the trauma responses of the index persons, some of the children talked about their own trauma also. Some of them did not know whether the index persons were having trauma responses or not. Therefore, it is likely that the trauma responses reported by them about the index persons may not be very accurate. Since, the adults themselves and the adult women had also reported similar trend in the extent of trauma of the index persons, the data provided by children may represent the trauma response of the adult men.

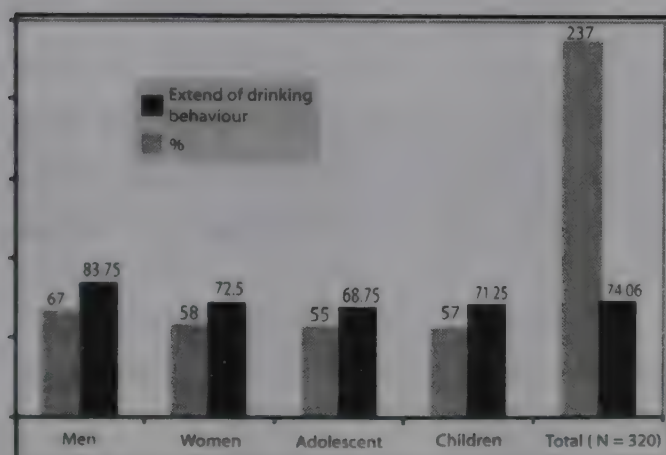
4.2.7.3. Coping



50% of the men reported that they were abusing alcohol to cope with the trauma. This is a significant observation, which substantiates the need for providing intervention Programmes for coping with the trauma. There is a need to provide psychological forms of treatment to get over the trauma. 37.5% of the women also reported that the index persons were using alcohol to cope with the trauma, which is a significant percent of the population. When all the strata were

considered, 34.27% were using or abusing alcohol to cope with the Trauma.

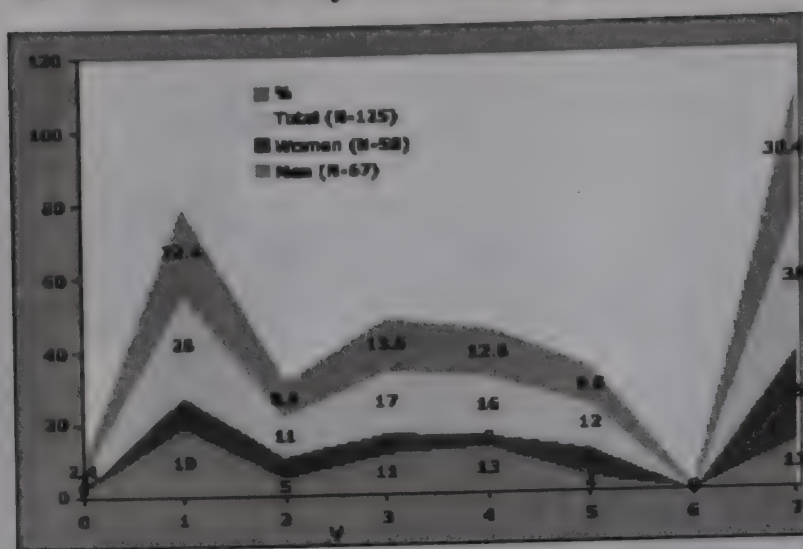
4.2.8 Extent of Alcohol Abuse



The percentage of people with drinking behaviour was 74.06. The number of men (83.75%) from both the regions with drinking behaviour was more than that of the other three groups.

Women during the focus group discussions reported that more than 90.48% of the men of the total population were with drinking behaviour. Even in the men's group, during the focus group discussions, the percentage of people with drinking behaviour was reported to be 90.48. Probably the present finding that 74.06% of the coastal population abusing alcohol may be a more of an accurate estimate.

4.2.9 Number of days of drinking



66 (52.8%) of the sample with drinking behaviour were abusing alcohol for more than 4 days in a week and were suffering from alcohol dependence.

4.2.10 Duration of Drinking

Men reported the average duration of drinking as 17.62 years, which was significantly higher than what the women reported. The average duration of the drinking when the sample of men and women were combined together was 14.6 years.

Sample	Minimum	Maximum	Average duration of Drinking
Men (N-67)	1	54	17.62
Women(N-58)	2	30	11.12
Total(N-125)	1	54	14.6

There is a wide variation in the maximum duration of drinking as reported by women and men. Men reported the drinking period to be more than 54 years. The number of people who started drinking after Tsunami was as low as 1 (0.8%), and may not be attributed to Tsunami alone.

4.2.11 Age of onset of Drinking

The minimum age of drinking reported by men in both the regions was 10. The women also reported that the index persons had started drinking during their adolescent period. This is a significant observation, which may help to plan prevention Programmes for the adolescents.

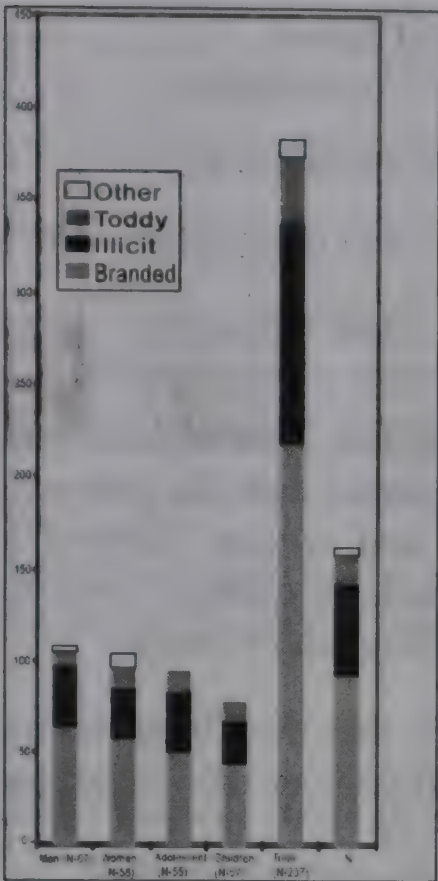
	Minimum age	Maximum age	Average age
Men (N-67)	10	43	22.47
Women(N-58)	14	39	18.59

Late onset drinking could be related to the existing co-morbid psychiatric disorder, mainly depression. Careful psychiatric screening might help identify those with co-morbid disorders. As long as one continues to abuse alcohol, it may not be easy to identify the underlying disorder or the co-morbid condition as alcohol could camouflage the mental status.

Though the adult men and women reported the onset of drinking during the adolescent and childhood days, none of the adolescents who were interviewed reported having drinking behaviour. The women or men did not report any member in their family below 20 years 'using' or 'abusing' alcohol. It is likely that the adolescents might be experimenting with 'alcohol' as reported by the adult men.

4.2.12 Type of Alcohol

While 91.98% of the samples were abusing branded liquor, 51.05% were abusing illicit liquor. 14.76% were abusing toddy and 3.37% were abusing other types of liquor, other than the common illicit liquor.



More number of index persons from region I were abusing illicit liquor. One of the reasons could be its availability and the second could be the cost factor. Third reason could be the increased content of ethyl alcohol in the illicit liquor that produces quick intoxication. But the health hazards of abusing the illicit liquor are often neglected. The locally brewed substances in unhygienic conditions had led to several hooch tragedies

Toddy
Toddy is also considered as a 'health drink' by some, since the palmyrah juice, a variant form tapped from the same tree is traditionally considered as a 'health drink'. But with fermenting, the percentage of content of ethyl alcohol increases and that leads to intoxication. However, toddy sold in the coastal areas is often adulterated in order to get more 'kick' and leads to health hazard.

within the state and outside. However, there appears to be no regulatory mechanism to check the illicit brewing and trading. Abrupt stopping without rehabilitating or providing alternate employment to those who are involved in the illicit liquor brewing and trading could harm the 'harmony' within the community. People participatory programs, without affecting those engaged in the 'cottage industry' and reducing the consumers through promoting alcohol free life style might be helpful.

4.2.13 Current quantity of intake

The adolescents and children were not aware of the quantity of intake of the index persons. However there was significant difference in the quantity of intake as reported by those who abused alcohol (286.92 ml.) and the women (414.92 ml.). Even

Sample	Current quantity of in take in ml.	N*
Men (N-67)	286.92	65
Women (N-58)	414.92	57
Total (N-125)	346.72	122*

the reported quantity by men, showed that they were abusing alcohol in excessive quantities. The average quantity of current intake per day was 346.72 ml of alcohol.

4.2.14 Pattern of alcohol Consumption

The index persons were abusing 329.64 ml before Tsunami, 229.18 ml immediately after Tsunami, 407.14 ml when the relief money was disbursed and 346.72 ml currently. The average quantity of alcohol the index person consumed a day, before Tsunami was reported to be 329.64 ml and there was not much variation in the report of men and women. Immediately after Tsunami, the women felt that the men were drinking much less, as low as 139.82 ml.

Period	Before Tsunami	Imm.After Tsunami	When relief money was paid	Current consumption
Men	325.38 (N-65)	318.54(N-58)	466.76(N-51)	286.92(N-65)
Women	333.89(N-57)	139.82(N-56)	347.51(N-56)	414.92(N-57)
Average	329.64 (N-122)	229.18(N-114)	407.14(N-107)	346.72(N-122)

But men did not report much decrease in their level of consumption. Men especially at Region II, continued drinking, irrespective of the traumatic event and the personal loss, but the average quantity of intake reported by men and women showed a remarkable decrease in quantity. When the relief money was paid, the quantity went up to 407.14 ml per day. However men reported much higher quantity than women.

There were people who had spent 100% of the relief money that they received on alcohol. But it is not sure whether they shared the drink with friends or they drank for themselves.

The average quantity of current intake was 346.72 ml, which is significantly higher than the intake before Tsunami. But the report of the men alone suggested a decrease in quantity. This decrease in quantity could be due to the fact that 2 of them (67N) were not drinking currently and some of them had reduced their quantity of drink due to health reasons.

4.2.15 Financial Analysis

The average income of the index person as reported by men was Rs.2237 and the income reported by women was Rs. 1662. The monthly income spent by men and women was Rs. 891.42 and Rs. 755.54 respectively. The average income of the total sample was Rs. 1970. 47 and on an average they were spending Rs. 840.40, that was 42.65% of their monthly income.

Money spent	Average Income	% spent on alcohol	Amount spent
Men (N-67)	Rs.2237.50	39.84	Rs.891.42
Women (N-58)	Rs.1662.00	45.46	Rs.755.54
Total (N-125)	Rs.1970.47	42.65	Rs.840.40

4.2.15.1 Relief Money and Spending on alcohol

Out of the 102, who had received the relief money and had the habit of alcohol intake, 35.29% did not spend any money on alcohol. 64.71% spent the money on alcohol in varying proportions from 1-100%. However, 7.24% spent all the money they received as relief on alcohol.

4.2.16 Financial Dependence

20.63% of the men depended on the money earned by the spouse and 16.88% depended on their friends, 2.5% depended on the relatives and 1.87% depended on other sources.

This was an additional burden on the 20.63% of the women population, in the coastal areas. 20.63% of the women probably had to earn money to run their family and in addition they had to financially support the index persons who were abusing alcohol.

4.2.17 Health

52.32 % of the total sample had reported that their health had been affected. Adolescents reported more number of index persons having health problems, whereas men themselves reported it to be as low as 26 (38.81%). In the total sample that was abusing alcohol, majority (52.32%) had health problems.

From the public health perspective, this is a significant observation that could have bearing on the health providers, health economists and policy makers.

4.2.18 Family

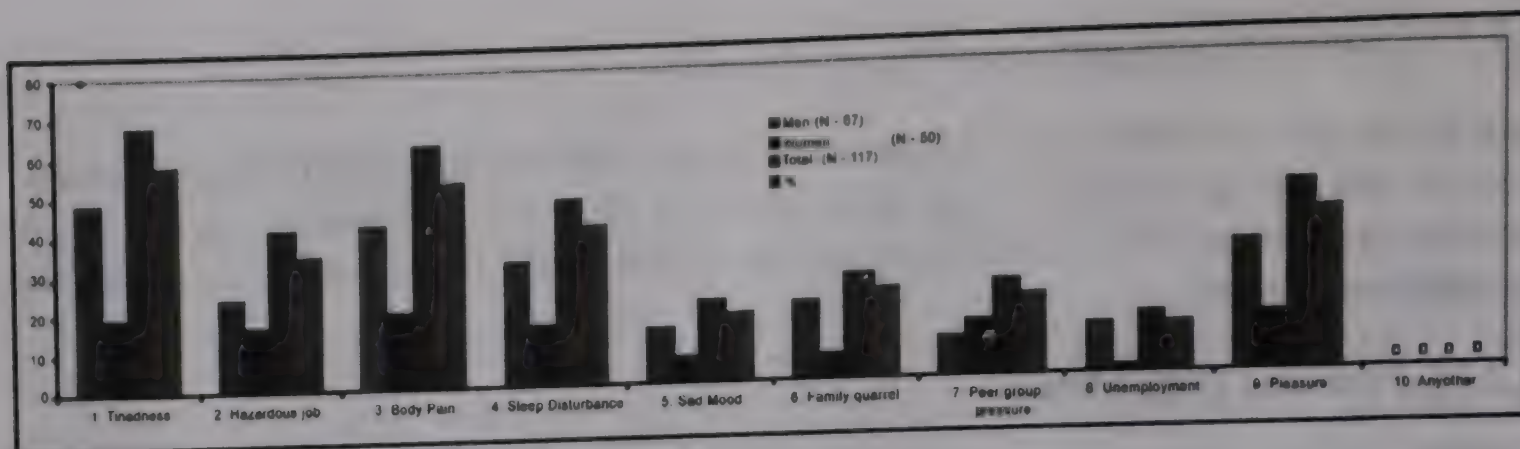
Out of the four strata of sample, the sample of adult men and women were considered. 6.25% had suspicion, 34.4% quarrelled at home, 33.12% physically abused the spouse and 13.8% physically abused the children.

However there was a significant difference between the report of men and women. The women sample reported that 8% of the index persons had suspicion, 44% physically abused their spouse and 17.32% physically abused their children. Fewer men reported problems in all the areas.

Probably this is due to their denial (a defence mechanism) or it could be manifestation of neuropsychological impairment that occurred as a result of long duration of abuse of alcohol that they were not able to retrieve the information. Or it could also be due to the phenomenon of 'black out' where in they do not recollect the events or their actions during the period of high intoxication.

4.2.19 Attributed Reasons (As perceived by the index persons)

In the rank order, men tend to perceive tiredness, (49) body pain (32) pleasure (33) and sleep disturbance (32) as the major reasons for their drink. The women on the other hand reported that the index persons had attributed it to, body pain (20) tiredness, hazardous job and sleep disturbances.

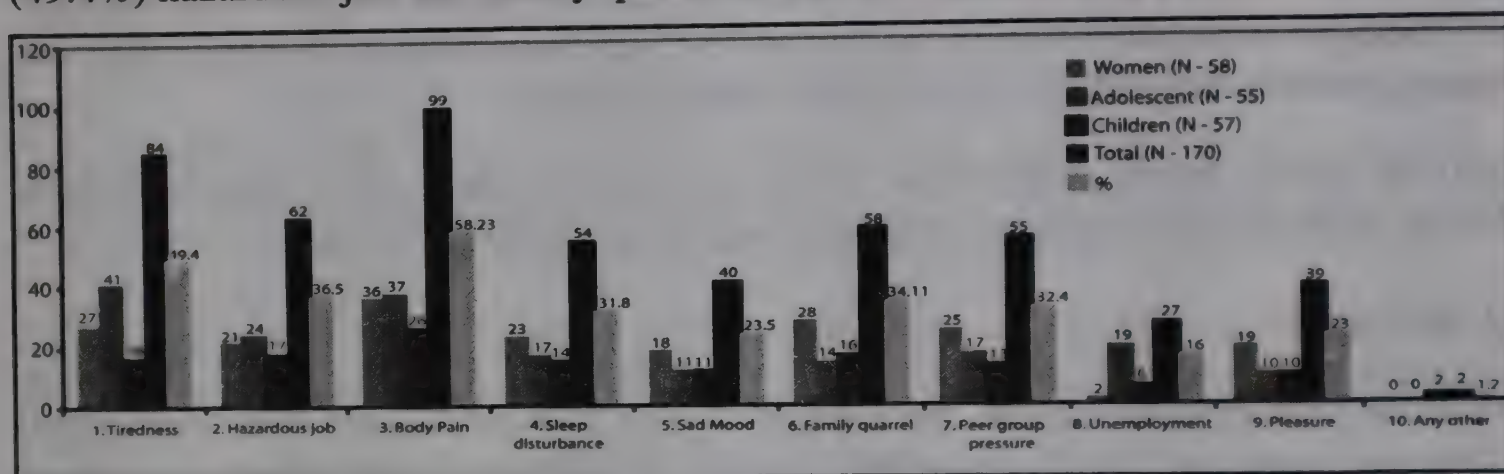


* 8 women did not know the perception of the index persons.

The average percentage showed that tiredness (58.12%) body pain (53%) pleasure and sleep disturbance (41.02%) to be the important reasons for depending on alcohol. These may point to the need for detoxification and pharmacological management of the dependent persons.

4.2.20 Attributed reasons by others

As perceived by women, adolescent and children, body pain (58.23%) tiredness (49.4%) hazardous job and family quarrel (34.11%) were the major reasons.



But 31.8% perceived that drinking may be due to sleep disturbance and 32.4% attributed it to peer pressure. Peer Pressure and pleasure being the attributed reasons among children and adolescents may point to the need for intervention among them.

Most often the significant family care giver or member of the dependent persons is considered to be reliable persons to give an accurate account of the index persons. Out of the 57 children, 26(45.61%) felt that the index persons drink due to body pain. 17 (29.82%) felt that they drink to cope with work hazard and 16 (28.07%) felt that they drink due to tiredness. These observations may generate a positive attitude towards intake of alcohol in children. It gives the impression that alcohol is a substance that soothes the body, and the children when they grow up are likely to use the same rationale when coerced to use alcohol or other substances. 14(24.56%) felt that they drink due to sleep disturbances and 11(19.29%) attributed it a sad state of mind. These observations of children point to the need for evaluating the addicted persons for any co-morbid psychological disorders. This demands for educating the children and the family members of the alcohol dependent persons about the co-morbid conditions and to help them identify and seek treatment for those conditions, which often goes unnoticed.

2(3.5%) felt that the drinking behaviour was due to their “dependence”. These children may be trained to peer educate about the disease concept of alcoholism, which may be an effective way of transforming a community that thinks alcohol abuse is the ‘tradition’ and the ‘norm’.

4.2.21 Abstinence

49.6% have abstained in the past, which is a positive sign. The reasons for abstinence were usually health related especially in case of admission in the hospital for health reasons or seek the consultation with the physician, on their advice one may abstain.

Men (N-67)	Women (N-58)	Total (N-125)	%
37	25	62	49.6

Or the abstinence could be related to religious orientation-like stopping alcohol before the pilgrimage or as part of a religious ritual. However, unless the dependent person is provided with adequate counselling to adapt a healthy life style and support systems, the possibility of relapse is quite high.

4.2.22 Duration of Abstinence

9.6% of those with drinking behaviour abstaining for more than a year were a significant observation. The reason for abstaining or how they were able to maintain their drug free life was not enquired in to.

Duration of Abstinence	Men (N-67)	Women (N-58)	Total (N-125)	%
0	18	30	48	38.4
Less than 1 month	28	9	37	29.6
1-6 months	9	11	20	16
7-12 months	3	5	8	6.4
More than 1 year	9	3	12	9.6

These individuals could provide support to others who were abstaining; they may also be effectively used to help other dependent persons in the process of recovery. Studies had shown that recovering alcoholics could effectively function as peer counsellors, since they know the ‘hard way’ of maintaining the sobriety. However the number of people who could not abstain for more than 6 months was as high as 68%.

4.2.23 Relapse Timings

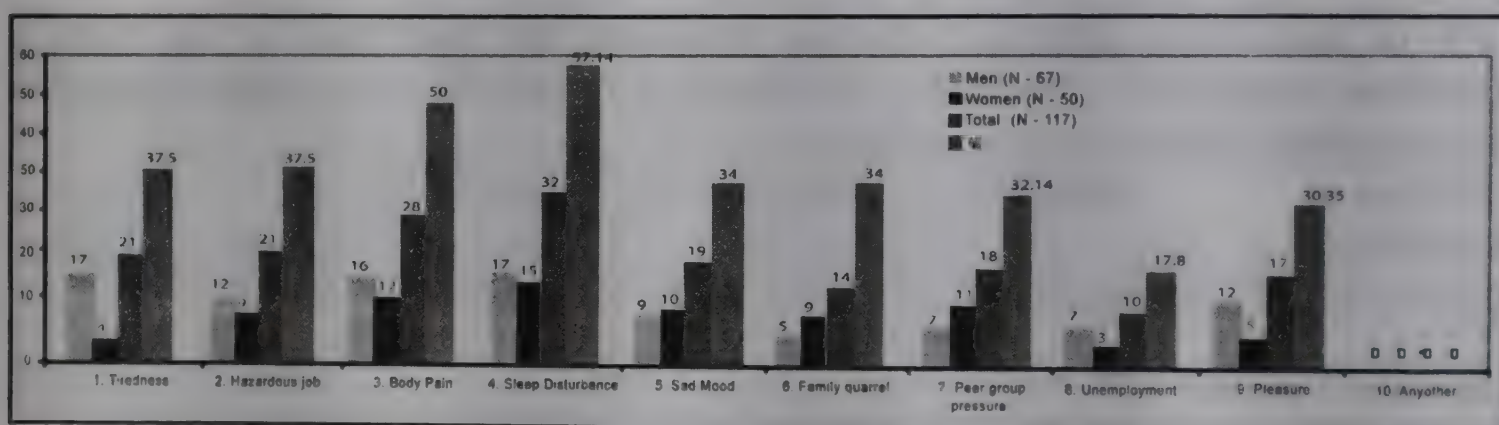
Among those who relapsed, more men reported relapse after Tsunami, and in total 31.2% had relapsed after Tsunami, whereas only 12.8% had reported relapsing before Tsunami. The assumption that tsunami had led to relapse may not be very accurate, since there are various reasons for relapse.

Sample	No Relapse	Relapse before Tsunami	Relapse after Tsunami
Men (N-67)	38	25	2
Women (N-58)	30	14	14
Total (N-125)	68	39	16
%	54.4	31.2	12.8

However the significance of Tsunami for causing a relapse cannot be minimized since the index persons had reported sleep disturbance, sad state of mind and other trauma responses. The trauma responses they still experience could explain the high rate of relapse after Tsunami.

4.2.24 Attributed reasons for Relapse

52.14% had attributed sleep disturbance as the reason for relapse. When compared to the reasons by all the groups, sad state of mind (34%) comes as the fifth reason in the rank order for relapse, apart from body pain, tiredness and hazardous job. The physical comfort during the initial period of abstinence does not last long. Either the co-morbid problems surfaces or the craving for alcohol crops up or the overwhelming peer pressure, which the recovering person is not able to resist, or the behavioural cues



might lead to relapse, unless the person and the family members bring about life style changes. In order to bring about life style changes to the dependent person and the family care givers, professional support or a social support network is very helpful.

Relapse of Treated Alcohol Dependent Person

One of the men was treated twice for alcohol dependence but he was continuing to abuse alcohol. However the possibility of a co morbid psychiatric problem cannot be ruled out. It was not sure whether the reason for the relapse was the added trauma the person underwent which may be complicating the dependence behaviour.

4.2.25 Types of other substances abused

Of the total sample of 320, 64.38% were reported to be abusing tobacco. It appeared that when compared to alcoholism, less percentage of people were abusing tobacco.

The gateway drugs like 'hans', 'pan parag' and the other tobacco related products were also being abused by 18.75% and 17.5% respectively. Some of them abused different types of substances at the same time.

Other substances	Tobacco	Ganja	Hans	Pres-Drugs	Others
Men (N-80)	49	4	23	0	18
Women(N-80)	48	2	23	0	14
Adolescents (N-80)	65	3	12	0	6
Children (N-80)	44	1	17	0	18
Total (N-320)	206	10	60	0	56
%	64.38	3.13	18.75	0	17.5

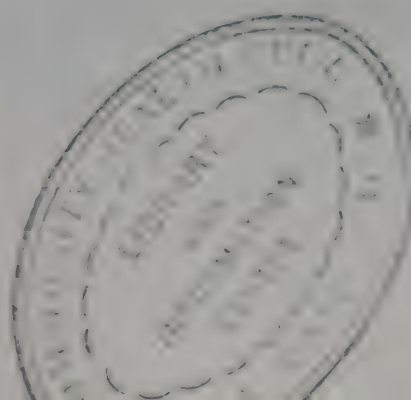
3.13% are probably addicted to ganja. Ganja (cannabis) induced psychosis is a condition that could affect the mental health of the person, though it does not have any significant withdrawal features.

From a preventive perspective, preventive education should be imparted to the community especially to the adolescents on the nature of the substances and its addictive nature. For those who were addicted, treatment strategies need to be planned and they need to be followed up, like other alcohol dependent persons. If any co-morbid psychiatric disorders had set in, these also need to be treated. Only a comprehensive treatment would help them recover from the addiction.

Smoking cessation programs and other substances cessation programs may have to be initiated for those who are addicted. Preventive programs targeting the adolescents and children could in the long run pave way for a drug free community

4.2.26 Money spent for other addictive substances

The average amount spent for the substances before Tsunami was Rs. 15.09 and immediately after Tsunami, it decreased to Rs.12. When the relief money came in, it got to its peak with the men spending Rs.21 on average for the substance.

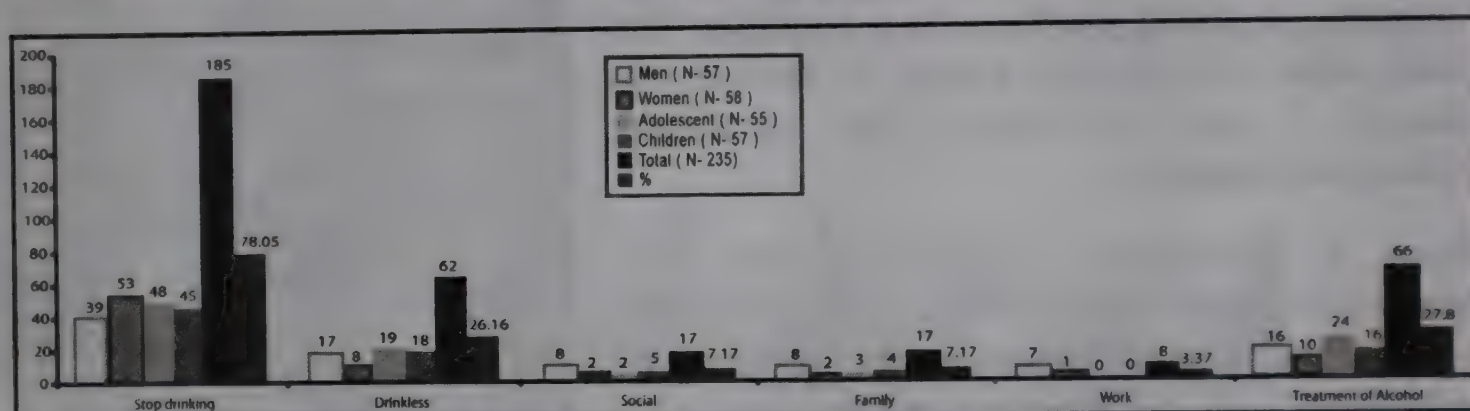


Period	Before Tsunami Rupees	After Tsunami In Rupees	Relief money In Rupees	Currently In Rupees
Men (N-80)	11.28	11.89	19.13	11.23
Women (N-80)	18.9	12.26	23.22	22.4
Total (N-160)	30.18	24.15	42.35	33.63
Average	15.09	12.1	21.2	16.8

Though it reduced to Rs.17, which is currently spent for the substance, it is much higher than what they were spending before Tsunami. And the average amount spent per month for other substances is about Rs.510.

4.2.27 Need in relation to drinking behaviour

78.05% of the sample wanted the index persons to stop drinking. However among the men, a good number (26.16) preferred to drink less quantity than to stop drinking. Some of them (7.17%) wanted their drinking not to affect the social functioning or family life, but wanted to continue their intake of alcohol.



Out of the 237, (27.8%) wanted the index persons to seek treatment for the dependence on alcohol. Adolescents and children appeared to be keener than the index persons to get the dependent persons treated. Sixteen (28.17%) children wanted the index person to take treatment to come out of alcohol dependence. Significantly a considerable number of children were aware of the treatment for alcohol dependence disorder. The children who have awareness about the treatment of alcohol dependence can be provided with further training to educate their peer group about the same. Probably they may also be able to motivate the index persons to seek treatment.

What about those who do not want the index persons to stop drinking?

One possibility is that the adolescents and children feel that those men who were drinking only once in a week need not stop their drinking behaviour. But since which social drinker could or could not be moving on to the phase of dependence is unpredictable, it is important to educate the community especially the children and adolescents about the hazards of experimenting with alcohol.

Children appeared Helpless

Children seemed helpless when asking about need in relation to drinking, "Will he listen to us if we say?" Another one commented, "He will stop when he wants to." Another one said, "He drinks at home in front of us and if we ask him to stop he would beat us"

The adults reported that some of them started drinking as early as 10 years of age. Some of the adolescents could also be experimenting with alcohol and would have justified themselves with the drinking pattern of the index persons.

But the fact that 78.05% wished that the index persons need to change the drinking behaviour is a positive sign and could facilitate in motivating the index persons to take action to achieve a drug free life style.

4.2.28 Leisure

54.06% of the total sample in the Region I and Region II reported the availability of leisure time of the index persons.

4.2.29 Leisure activities

While 22.81% were interested in hobbies, 21.87% preferred alternative employment. The leisure activities of games and literary activities were preferred by 17.5% and 18.75% respectively. But majority of them had not reported any leisure activity, though 54.06% reported that they have leisure time.

Leisure activities	Men (N-80)	Women (N-80)	Adolescents (N-80)	Children (N-80)	Total (N-320)	%
Alternative employment	26	13	16	15	70	21.87
Engage in play/ games	12	10	22	12	56	17.5
Hobbies	13	26	18	16	73	22.81
Reading/literary activities	17	4	31	8	60	18.75
Any other	15	0	4	0	19	5.93

It is also possible that the population at Region I got locally displaced and they are yet to explore new types of leisure activities at the new housing settlement.

Populations at Region II, majority of them work in unskilled and semiskilled jobs and were unable to find an appropriate leisure activity.

Since 74.06% are having drinking behaviour, replacing the problem behaviour with a pleasurable leisure activity / behaviour assumes great importance.

4.2.30 Leisure Availability

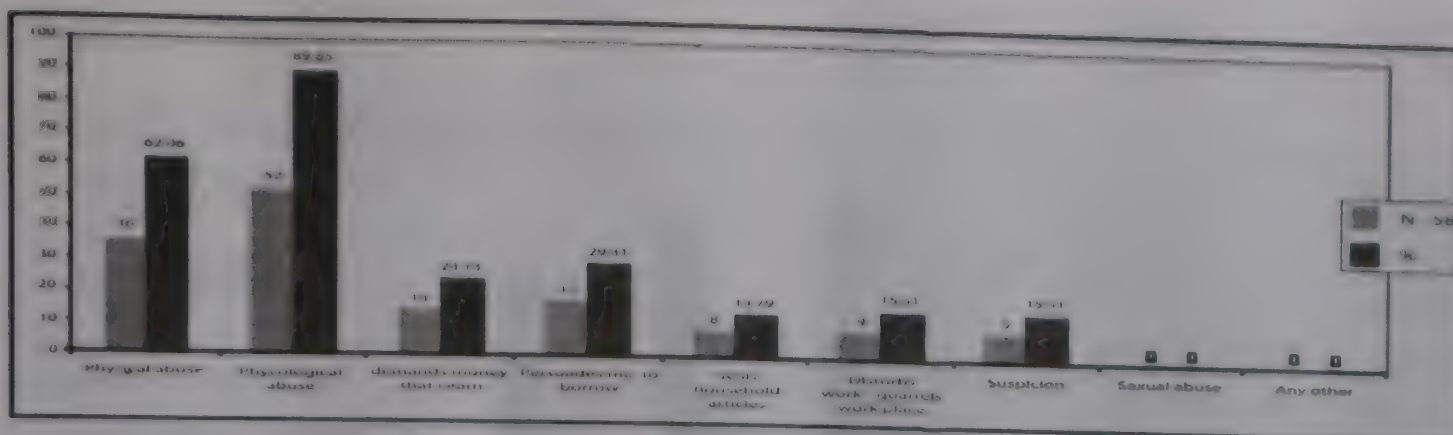
However, even among those people, who are interested in leisure activities, the availability of the activities in the community does not tally with the interest in all the areas. Only 19.06% reported the availability of leisure activities like alternate employment and hobbies. 14.68% reported about the availability of facilities for engaging in play and games and 4.68% reported the availability of facilities for reading and literary activities.

Availability of facilities	Men (N-80)	Women (N-80)	Adolescents (N-80)	Children (N-80)	Total (N-320)	%
Alternative employment	11	23	12	15	61	19.06
Engage in Play/Games	8	5	23	11	47	14.68
Hobbies	7	15	18	11	61	19.06
Reading/Literary activities	13	0	2	0	15	4.68
Any other	13	0	2	0	15	4.68

Provision of leisure activities would not only help the recovering persons who are addicted to substances, but also those are sober. Moreover it would facilitate the adolescents and children to learn to engage their leisure time effectively from early days of their development.

4.2.31 Effects on women

89.65% of the women reported psychological abuse and 62.06% reported physical abuse. In contrast, only 28.57% the men reported that they physically abused their spouse.



Some of the impacts of the drinking behaviour of the index persons are related to the economic aspects of drinking. 29.31% reported that they were being persuaded to borrow money, 24.13% reported that the index persons demanded money that they

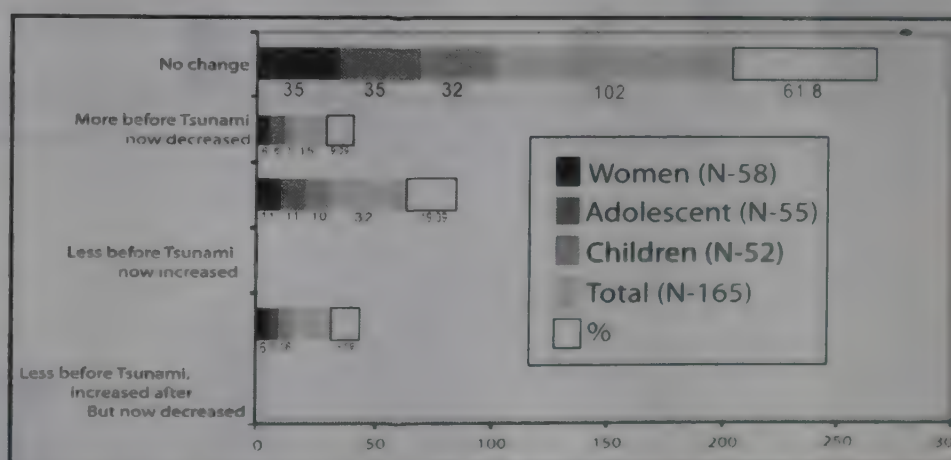
earned and 13.79% were worried about behaviour of selling of house hold articles, mainly for alcohol. In addition, the work of the women was also affected since 15.51% of the index persons, disturbed or quarrelled at the work place. Whether it is part of the suspicion (15.51%) that prompted the men to give trouble at the work place of the women or whether the craving for money to get the drink is not sure. However the impact is felt in diverse ways, and it not only affects the self-esteem of the women, but also in the economic front.

Focus of Counseling to Women

In some situations the personality traits of the women could be a stumbling factor in maintaining the alcohol free life of the addicted person. Some of them may need training to evaluate and correct themselves, which can be part counseling focused on women. The behavior of the women/wives of the alcohol dependent persons surfaces more prominently, when the treated alcohol dependent person is followed up along with the spouse over a period of time.

4.2.32 Change in behaviour after Tsunami

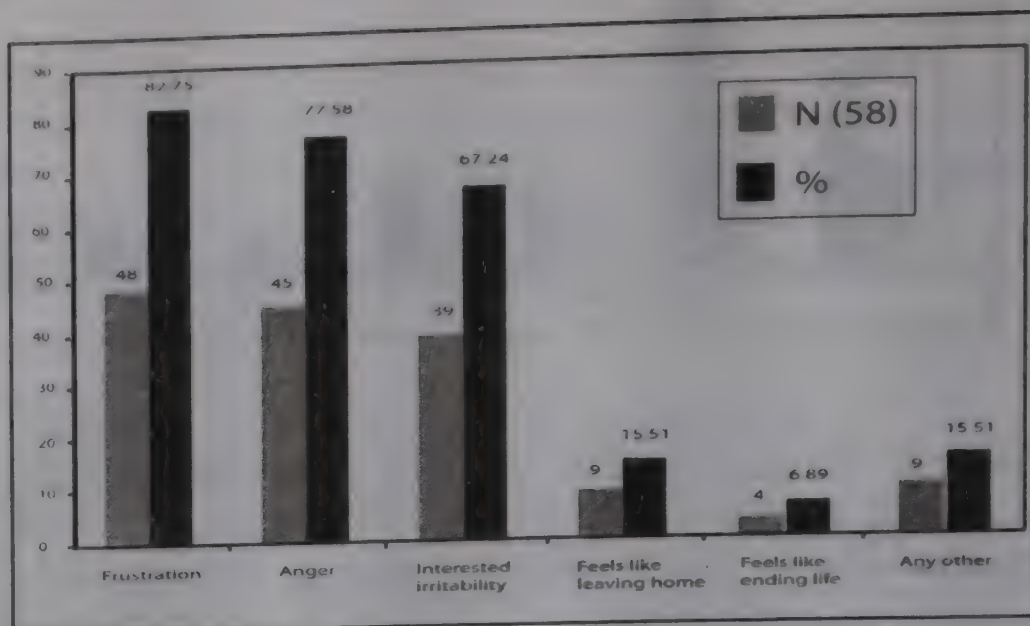
61.8% of the women, adolescents and children reported that there had been no change in the behaviour of the index persons before and after Tsunami. However, 19.39% reported worsening of the problems after Tsunami and another 9.69% reported worsening of the problems, but currently the problems are decreased. However 9.09% felt that the behavioural problems were more before Tsunami and the problems had decreased following the event.



9.69% reported worsening of the problems, but currently the problems are decreased. However 9.09% felt that the behavioural problems were more before Tsunami and the problems had decreased following the event.

4.2.33 Emotional reactions of women

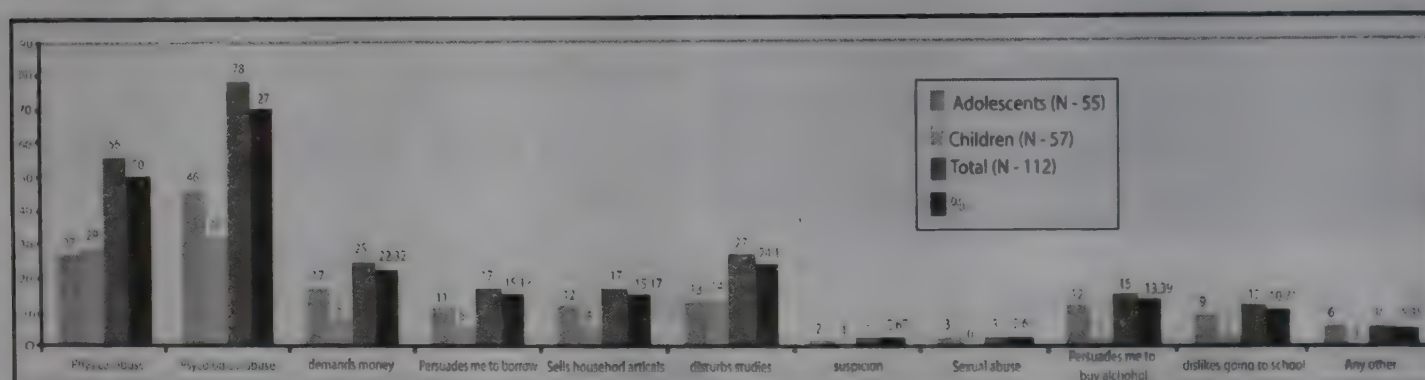
The emotional reactions of women showed that 48 (82.75%) of them were frustrated. 45 (77.58%) had expressed anger as an emotional reaction and 39 (67.24%) had increased irritability. Nine (15.51%) of them felt like leaving their homes. In addition 4 (6.89%) had suicidal ideations. Nine (15.51%) had different



emotional reactions that included being very sad about the state in which they are. The emotional reactions of the women could be independent of the drinking behaviour of the index persons. However research had shown that the wives of alcoholics, as a result of living with their husbands who have had a long history of drinking tend to develop different emotional disorders.

4.2.34 Effects on Children & Adolescents

69.64% of the adolescents and children reported psychological abuse and 50% of them reported physical abuse also. In contrast only 9.52 % of the men had reported physical abuse of their children.



Effects on Children

In contrast to adults' report, 32 (56.14%) of the children reported psychological abuse and 29(50.87%) reported physical abuse by the index persons. 14 (24.56%) also reported that their studies being disturbed by the dependent person and that is of great concern. In a community where the literacy rate is quite low and traditionally considers drinking as a 'norm', the possibility of drinking affecting the education of the future generation is very high. 8(14.03%) reported that the index persons demanded the money earned by the mother, and 6(10.52%) reported that they or their mothers were persuaded to borrow money.

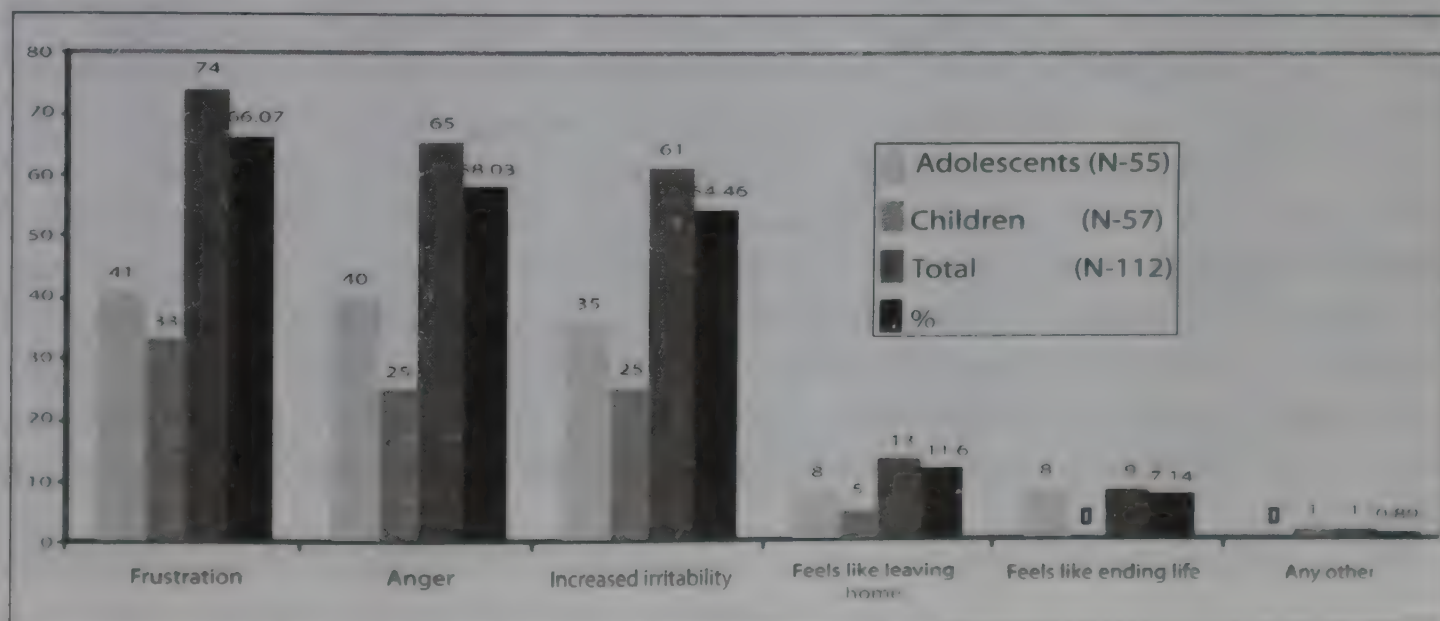
Though the men did not report about selling household articles, 5(8.77%) reported that the index persons do sell the household articles for drinking. 3(5.26%) reported they being asked to procure alcohol and an equal number disliked going to school, though there is no school refusal.

Healthy Disciplining of Children

In contrast to the reports of the adults, the children reported that the index persons abused them psychologically and physically. Corporal punishment is considered as the 'right' of the parents by many sub-cultures in Indian setting. However, educating the parents against using physical punishment at the moment is a Herculean task. Though, physical punishment can cause great harm to children, there are many parents who request the teachers to give physical punishment even for trivial reasons to their children are attending schools. "Healthy Disciplining of Children" is a topic for discussion to be included in the treatment program of alcohol dependent persons and their families. It may be included as a topic during the training of women groups in the "neighborhood" meetings in the community.

4.2.35 Emotional reactions of Adolescents & Children

Frustration (66.07%) is the predominant emotional reaction of children, followed by anger (58.03%) and heightened irritability (54.46%).



However 11.06% felt like leaving home and 7.14% had suicidal rumination. The suicidal rumination was seen among adolescents but children had not expressed any idea. One of the children was very depressed. Childhood depression is a possibility since the children of alcohol dependent persons, are likely to develop emotional disorders of various nature, the predominant one being depression.

The emotional reactions of children have to be addressed. In addition to the trauma of the tsunami, children were experiencing physical abuse and psychological abuse of the father who is dependent on alcohol which is likely to hinder their emotional growth.

Programmes on 'How to live with an alcohol dependent person' may have to be initiated, if the addiction persons refuse to get treated and choose to continue their drinking behaviour.

4.2.36 Current concerns

Adolescent Who Retallates

Another adolescent reported that he had to beat up his father, who is alcoholic to prevent him from physical assault of his mother. He said, "No other effort to control his drinking is effective".

Adolescent Leaves Home

One of the adolescents reported that he absconded from home because of father's alcoholism and was brought back by the relatives. He felt like committing suicide also. But he came back home because of mother's plea.

The women and adolescents were worried about their future, whereas children were not that concerned about their future at the moment. The concern of children was more about the mother. While the women were more worried about the health of the index persons, adolescents and children seem to be less concerned about it. Women were anxious about the children too.

4.3 Focus Group Discussion

On the day of visit to the community at Ennore, the people at one of the house settlement (Phase II) were highly disturbed. The women and men were vehemently complaining about an incident that occurred the previous day. Mr. A a young person from the community after getting drunk tried to molest an adolescent girl and the youth was caught by the men in the community and was warned. In the ruffle, another adult member in the community was physically hurt on the head. The injured person lodged a complaint with the local police the next day morning. When Mr. A came to know about the police complaint against him, he along with a group of friends from another housing colony got drunk and threatened the community that, "all of you will be killed if you protest". The community members complained to us that they did not receive any protection from the police and therefore they were worried about the safety and security of women folk. They asked, "How will we go to sea when the security of our women folk is at risk? How can we be peaceful when we are in the deep sea?"

When the Focused Group Discussion was held later, this issue came up in both the groups of men and women. Therefore it was easy to open up the topic of alcohol dependence and its impact in the community.

4.3.1 Men's Group at Ennore (Region I)

Since it was held on a Sunday those who were involved in occupations other than fishing were also present. 21 members from the community participated. Their age ranged from 21 to 64 years.

4.3.2 Women's Group at Ennore (Region I)

From this area, 19 women in the age range of 20 to 54 years participated. In the women's group the initial theme of discussion was about the incident that had happened, as mentioned above. Many women were weeping and expressed the concern that, "If this is happening to our grown up daughters in this colony, what safety do we have here. This has happened to one girl and what is going to happen to our children and us. Is it the way to respond to an issue that was brought to the notice of the authorities? If some one can get drunk and bring in his friends who are also drunk and do whatever they want to do and threaten us that they would thrash all of us, how will our men go to the sea peacefully"?

4.3.3 Men's Group at Srinivasapuram (Region II)

20 men took part in the group and their age ranged from 22 to 48 years. The extent of drinking was high. But many were hesitant to talk about it. Since many of them were engaged in different work settings, they felt that alcohol abuse was not a problem of serious concern. Many felt that though it sometimes led to absenteeism and frequent hospital visits, it had not affected their health or caused any psychological problems to them.

The Story of a young unmarried man

One unmarried young man reported that, "Many of us living here are unable to forget the event. We are not scared that Tsunami would come again or not. But I lost my elder sister and we could not save her" He moved to tears. On further enquiry he reported that even now he is unable to sleep properly, gets up in the middle of the night, and is unable to forget the issues. " But how can we get over these issues? The only resort is alcohol and I continue to drink from morning till I sleep in small quantity when I am not engaged in work. My friends also follow the same pattern. Further enquiry, he reported " I was listening to a favorite song of mine when Tsunami occurred. Even after so many months, whenever I hear that song again, I get some kind of fear. It is difficult for me to bear that. But if I am intoxicated, I can withstand that".

Women's Group at Srinivasapuram (Region II)

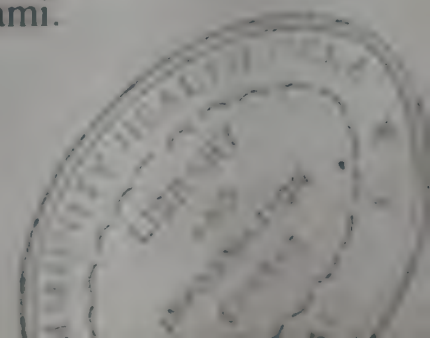
This is a predominantly non-fishing population. The loss of life and property was quite high, but most of them could get back to their homes after maintenance. Out of the 20 women who attended the meeting, 18 (90%) were married and excepting one, all of their marital partners 17, (85%) were reportedly abusing alcohol.

4.3.5 Major Observations

1. The extent of drinking was widespread and was considered as an acceptable behaviour by the men.
2. The men had different psychological trauma reactions.
3. The men had psychological dependence on alcohol, but did recognize it as part of the dependence.
4. The men and women were equally worried about the security and safety of the adolescent girls among the locally displaced population. But they failed to see the relationship between drinking and the drunken behaviour.
5. Availability of the illicit liquor and its trading within the settlements posed a problem to the community in the housing settlements.
6. The women were concerned about the drinking behaviour and the verbal abuse of men.
7. As a result of living with addicted individuals for a long period of time, they also reported change in their behaviour, which in turn lead to marital problems.
8. The women were worried about the ill effects drinking behaviour may cause to the children, especially when the children became fearful when seeing the father in an intoxicated state.
9. Though men did not perceive the need for treatment, the women felt that some action has to be taken to stop the drinking behaviour of men.
10. The women at Region II felt the need for providing treatment facility at close proximity to help addicted persons within the geographical area and the neighbourhood communities.
11. Apart from treatment of alcohol dependence, a need was felt to provide counselling services to help the men to cope with the trauma.

5. KEY FINDINGS

- 5.1 Among the coastal sample 74.06% were reported to be having drinking behaviour. It is likely that 74.06% of the coastal population is having drinking behaviour.
- 5.2 Among the people with drinking behaviour, 52.8% of them have alcohol dependence. Probably 52.8% of the coastal population is dependent on alcohol.
- 5.3 There was a wide variation in the duration of drinking and the age of first drink was reported to be 10 years.
- 5.4 91.98% of the sample of people with drinking behaviour was abusing branded liquor, 51.05% were abusing illicit liquor. 14.76% were abusing toddy and 3.37% were abusing other types of liquor, other than the common illicit liquor.
- 5.5 The average quantity of current intake per day was 346.72 ml of alcohol.
- 5.6 The study showed that the index persons were abusing 329.64 ml before Tsunami, 229.18 ml immediately after Tsunami, 407.14 ml when the relief money was disbursed and 350.92ml currently.
- 5.7 The average income of the total sample was Rs. 1970. 47 and on an average they were spending about 42.65% of their monthly income which is Rs. 840.40.
- 5.8 20.63% of the index persons financially depended on the spouse and it is an additional burden on them to earn money to run their family and financially support the index person who is abusing alcohol.
- 5.9 In the total sample that was abusing alcohol, 53.32% had health problems.
- 5.10 On an average 6.25% of those with drinking behaviour had suspicion, 34.4% quarrelled at home, 33.12% physically abused the spouse and 13.8% physically abused the children. There was a significant difference between the report of men and women and fewer men reported problems in all the areas.
- 5.11 The index persons attributed that tiredness (58.12%) body pain (53%) pleasure and sleep disturbance (41.02%) to be the important reasons for their dependence on alcohol.
- 5.12 As perceived by women, adolescent and children, body pain (58.23%) tiredness (49.4%) hazardous job and family quarrel (34.11%) were the major reasons.
- 5.13 Though 9.6% of the index persons could abstain for more than 1 year in the past, 68% could not keep their abstinence for more than 6 months.
- 5.14 More men reported relapse after Tsunami, and in total 31.2% had relapsed after Tsunami, whereas only 12.8% had reported relapsing before Tsunami.



- 5.15 2.14% had attributed sleep disturbance as the reason for relapse. When compared to the reasons by all the groups, sad state of mind (34%) comes as the fifth reason in the rank order for relapse, apart from body pain, tiredness and hazardous job.
- 5.16 8.05% of the sample wanted the index persons to stop drinking.
- 5.17 Out of the 237, (27.8%) wanted the index persons to seek treatment for their alcohol dependence.
- 5.18 Of the total sample, 67.7% were reported to be abusing tobacco. It appeared that when compared to alcoholism, less percentage of people were abusing tobacco.
- 5.19 The gateway drugs like 'hans', 'pan parag' and the other tobacco related products were also being abused by 19.7% and 18.42% respectively. Some of them abused different types of substances at the same time.
- 5.20 3.28% of the total population was probably addicted to ganja.
- 5.21 There is a marginal increase in the money spent for procuring other addictive substances before Tsunami (Rs.15.09) and currently (Rs 16.80).
- 5.22 However among the men, a good number (26.16%) preferred to drink less quantity than to stop drinking.
- 5.23 Some of them (7.17%) wanted their drinking not to affect the social functioning or family life, but wanted to continue their drinking behaviour.
- 5.24 Adolescents and children appeared to be keener than the adults to provide treatment to the index persons for stopping the drinking behaviour.
- 5.25 The fact that 78.05% wished that the index person to change the drinking behaviour is a positive sign and could facilitate in motivating the index persons to take action to achieve a drug free life style.
- 5.26 While 22.81% were interested in hobbies, 21.87% preferred alternate employment. The leisure activities of games and literary activities were preferred by 17.5% and 18.75% respectively. But majority of them had not reported any leisure activity, though 54.06% reported that they have leisure time.
- 5.27 Since 74% are dependent on alcohol, replacing the drinking behaviour with a pleasurable leisure activity assumes great importance.
- 5.28 Only 19.06% reported the availability of leisure activities like alternate employment and hobbies. 14.68% reported about the availability of facilities

for engaging in play and games and 4.68% reported the availability of facilities for reading and literary activities.

- 5.29 Among the sample, 61.8% of the women, adolescents and children reported that there had been no change in the behaviour of the index persons before and after Tsunami.
- 5.30 The women, adolescents and children, 19.39% reported worsening of problems after Tsunami and another 9.69% reported worsening of the problems, but currently the problems were decreased.
- 5.31 However 9.09% felt that the behavioural problems were more before Tsunami and the problems had decreased following the event.
- 5.32 With respect to the effect of alcohol drinking behaviour, 69.64% of the adolescents and children reported psychological abuse and 50% of them reported physical abuse also. In contrast only 9.52 % of the men had reported physical abuse of their children.
- 5.33 The emotional reactions of women showed that 48 (82.75%) were frustrated. 45 (77.58%) had expressed anger as an emotional reaction and 39 (67.24%) had increased irritability. Nine (15.51%) of them felt like leaving their homes. In addition 4 (6.89%) had suicidal ideations. Nine (15.51%) had different emotional reactions that included being very sad about the state in which they are.
- 5.34 Regarding the impact of Tsunami, 25.62% had personal loss, 20.63% had personal hurt. 85.93% had lost their household articles (HA), and 49.1% their houses. Considerably a low percentage lost their most valuable articles (MVB) and 13.12% reported loss of pets.
- 5.35 The data showed that 81.88% were experiencing one trauma response or the other.
- 5.36 Among the adult men sample, 50% of them reported that they were abusing alcohol to cope with the trauma.

6. Recommendations

6.1 EDUCATION ABOUT ALCOHOL DEPENDENCE (disease concept of Alcoholism)

- 6.1.1 Majority of the women, adolescents and children want the index persons to stop the drinking behaviour. Some of the dependent persons are also motivated to stop their drinking behaviour.
- 6.1.2 Probably they are not fully aware about the treatment Programmes that are available. In one of the focus group discussions, when one of the women narrated her efforts in getting her husband treated and he being sober for 8 months, only one person showed interest to know more about it.
- 6.1.3 It is imperative to educate the target population about the treatment facilities so that they could access the treatment.
- 6.1.4 This is also supported by the fact that women and other groups also think that the drinking behaviour is due to tiredness, body pain or work similar to the addicted persons. This might hinder the motivation Programmes in helping the dependent person and the family members to seek professional help for de-addiction and counselling.
- 6.1.5 Some of the women, adolescents and children wished that the index persons reduce their quantity of intake or the drinking pattern so that their livelihoods are not affected. This points out to the fact that educative Programmes need to be conducted in the coastal area to motivate the women and the children about the need for treatment to help the addicted individuals to remain sober and to rebuild their lives.
- 6.1.6 The second preferred objective of the dependent persons is to achieve controlled drinking. However in Indian situation, it has been observed that controlled drinking, as a treatment objective does not seem to be a desired one, since many of them are finding it difficult to maintain control over their consumption of alcohol, even though they are re-trained in controlled drinking. (Manickam and Kuruvilla, 1989)

6.2 ESTABLISHING DE-ADDICTION CENTRE

- 6.2.1 Establishing de-addiction centres in the area would help not only the population of the study area, but also the neighbourhood coastal community that is likely to be affected by the alcohol abuse.
- 6.2.2 One of the methods in maintaining alcohol free life is the contact the treatment centre or the support people at the treatment centre establishes with the person, the dependent person and their key family members.

6.2.3 Establishing a treatment centre at a place that is accessible to the community members would ensure the continued support that a recovering alcohol dependent person requires.

6.2.4 The de-addiction centres may also take care of the co-morbid psychiatric disorders that go undetected in alcohol dependent individuals because of their continued use of alcohol.

6.2.5 The services of members of Alcohol Anonymous and Al-Anon could be utilized to strengthen the Programmes.

6.3 ESTABLISHING COUNSELLING CENTRE - Counselling for economic independence

6.3.1 The counselling centre also has to introduce innovative approaches.

6.3.2 Provide alternate banking facilities or micro economic planning system that would ensure financial stability for the fishing community. The fishermen tend to 'finish off the money that they earn.

6.3.3 If adequate banking or saving facilities are available link between the community members and the banking institutions may be facilitated.

6.3.4 Alternate /Substitute Livelihood- Co-operative ventures could be initiated that would ensure the participation of members of the community and inclusion of all the community members to ensure economic freedom.

6.3.5 Majorities of the families have financial difficulties and the policy of subsidizing services or disbursing further money could again lead to increased intake of alcohol as seen at the time of delivery of relief money following Tsunami. Therefore different strategies may have to be planned with the participation of the community in giving economic freedom.

6.4 TRAUMA OF TSUNAMI-Counselling for overcoming trauma

6.4.1 The counselling services should aim at resolving the trauma-related issues, along with counselling for alcohol dependence.

Men wanted to know about smoking cessation program

Some of the men who were not abusing alcohol but abusing other addictive substances like tobacco also expressed their desire to stop its abuse and wanted to know the method of stopping. They were asking about the centers available for stopping their smoking behavior and whether there is any 'medicine' available for stopping the smoking behavior.

- 6.4.2 It has been observed that among a considerable number of persons, the relapse has occurred after the Tsunami and they also have traumatic responses that are unresolved and the impact of trauma appears to be unresolved.
- 6.4.3 Professional help through counselling may help them get over the trauma which may facilitate a drug free life style.

6.5 WOMEN-Counselling to empower women

- 6.5.1 Most of the de-addiction centres in India take a family oriented approach and aim at involving the spouses of the dependent persons in the treatment Programmes.

- 6.5.2 There is an increased need for emotionally supporting the women in these geographical areas.

- 6.5.3 A significant number of them were affected not only economically, but they seem to be affected physically and emotionally.

- 6.5.4 Though they seem to have reconciled to the fact that alcohol abuse is the norm, instilling a hope might help them take care of themselves and their children.

Focus of Counseling to Women

In some situations the personality traits of the women could be a stumbling factor in maintaining the alcohol free life of the addicted person. Some of them may need training to evaluate and correct themselves, which can be part counseling focused on women. The behavior of the women/wives of the alcohol dependent persons surfaces more prominently, when the treated alcohol dependent person is followed up along with the spouse over a period of time.

Deliberate Self-Harm of Women

A young lady who was separated from her husband attempted suicide twice, once after Tsunami. Another widow whose husband died 7 years ago due to excessive use of alcohol attempted suicide.

- 6.5.5 Their emotional reactions and the concerns demands professional help to cope with To help them break the cognition that 'alcohol as a substance is the means to cope with personal problems', which they have been hearing from their childhood days.

- 6.5.6 To instil confidence in them by providing living skills training and facilitate them to develop alternate ways of earning their livelihood apart from their tradition employment
- 6.5.7 To educate them about the ill effects of alcohol and to prevent them from using alcohol and other substances.
- 6.5.8 The adolescent girls were anxious about their safety and future and require counselling to cope with stress of day-to-day living.
- 6.5.9 the alcohol dependent persons.

6.6 ADOLESCENTS-Adolescent Counselling

- 6.6.1 To help them break the cognition that 'alcohol as a substance is the means to cope with personal problems', which they have been hearing from their childhood days.
- 6.6.2 To instil confidence in them by providing living skills training and facilitate them to develop alternate ways of earning their livelihood apart from their tradition employment
- 6.6.3 To educate them about the ill effects of alcohol and to prevent them from using alcohol and other substances.
- 6.6.4 The adolescent girls were anxious about their safety and future and require counselling to cope with stress of day-to-day living.

Diverse issues affect adolescent girls

Adolescent Girls narrated different stories. Though the interview was time limited, they wanted to continue and share their problems. The threat of rape was felt among them, especially after an incident of attempt to rape had happened in the settlement. They felt insecure, "Any thing can happen to us at any time and there is no one to protect us!" (since the father is either at sea or comes home drunk). They were anxious about what would happen each day.

Some of the questions they raised were,

"Will I get married ?"

"Why was I born ?"

"I have number of problems and to whom can I share?. This is not only my problem, many of us are experiencing this."

Regarding drinking behaviour one of them said,

" They only have to stop it and what can we do about it?"

6.7 CHILDREN-counselling to Children

- 6.7.1 Children are equally traumatized and require professional help to get over the trauma.
- 6.7.2 The children have to be provided help to cope with the stress caused by their father's behaviour under intoxication.

6.8 TRAINING OF LAY COUNSELORS

- 6.8.1 The counselling centre may aim at training lay counsellors of both the genders who could provide services like, identifying the dependent persons, motivating them and the family members for treatment and providing social support to those who were treated to lead a sober life style.
- 6.8.2 The lay counsellors from the community should be easily accessible for recovering individuals when they have craving for alcohol or while they are in crisis.
- 6.8.3 Those who are abstaining for more than a year and who have the skills for effective communication may be trained as peer counsellors.
- 6.8.4 Children and adolescents who have understanding about the 'disease' concept of alcohol dependence may be trained as peer educators.

6.9 COMMUNITY PARTICIPATION

- 6.1. The participation of all the community members has to be ensured to make the Programme successful since the 'norm' of the community is to 'use alcohol'.
- 6.2. Striving a community towards a drug free society is a difficult task.
- 6.3. There could be strong opposition from the within and outside, since the community members are influenced tremendously by the neighbouring community which equally follows the same pattern. One could expect a positive snowball effect, provided, the Programmes are planned strategically.

6.10 RECREATION FACILITIES

- 6.10.1 Leisure time management is an important component of a successful treatment Programme.

6.10.2 Appropriate facilities for recreation should be ensured within the community that are culture specific and need based.

6.10.3 Adequate space needs to be provided for the recovering individuals as well as others in the community to access different recreational facilities at different time periods.

6.11 PEOPLE CENTRED APPROACH

6.11.1 A balanced people centred approach should be evolved since a number of external factors interplay.

6.11.2 Alcohol is offered as reinforcement for different services provided.

6.11.3 So there is a possibility of strong opposition within the community, even though the women, adolescents and children could be supportive.

6.11.4 A well-designed Project Implementation Plan (PIP) that would take care of the culturally and religiously diverse population might help the Programme achieve the objectives.

6.12 AVAILABILITY

6.12.1 Majority of them depend on the liquor shops or the illicit liquor that are available nearby.

6.12.2 None of the sample interviewed or who participated in the FGD suggested the closure of the shops or stoppage of selling of illicit liquor in the housing areas.

6.12.3 This is a complicated issue since many in the Region I are depending on the illicit liquor that is less expensive and is easily available and accessible.

6.12.4 The people involved in brewing and trading have to be rehabilitated by providing alternate employment since many of them would be jobless if this is stopped abruptly.

6.12.5 Unless the government/policy makers take a strong step, it would be difficult to stop the trade since many of the abusers also are likely to support the traders.

Epilogue

'Alcohol Abuse' Study Dissemination Workshop

19th October 2006

Tamil Nadu Tsunami Resource Centre and Community Development Organization Trust jointly organised the dissemination workshop cum research report release of *"Impact of Tsunami on Alcohol Abuse among the Coastal Communities in Chennai district"*. Around 90 NGO/ CBO representatives from all over Tamil Nadu participated in this workshop.

Four groups were formed to discuss and evolve action plan for tackling the alcohol abuse among the coastal communities:

The Group 1: Identification, Treatment and Follow-up

- To organise rally/ public meetings as a advocacy and awareness programmes.
- Street plays and video shows for awareness building
- Sports competitions and alternative activities for leisure activities
- Weekly meetings on alcoholism for adult men, women and youth
- Yoga, meditation training for body and mind well being
- Awareness groups - Organisations
- Essay, oratorical competitions - Annual competitions
- Competitions in alcoholism related research and prizes for best research
- Training for fieldworkers on prevention and management of addiction
- Networking – Integrating NGOs
- Sharing resources and information
- State and District level meetings for advocacy and policy level changes

Group 2: Role for NGOs

- Early prevention role for NGO field staff, women, youth, SHGs, Fan clubs, Community leaders, Teachers, Primary Health Centre (PHC) Staff
- Campaign walks, Street plays, pamphlets, counseling, orientation
- Identification, referring them to Treatment centres and life skills education for youth groups.
- Medical camps: women, adolescent and children at village level
- Social and personal skill development and building opportunities
- Training for community workers
- Networking among NGOs on this issue
- PHCs and Hospitals to be enhanced with facilities to address policy level changes
- Financial Assistance: IEC materials needed for awareness creation
- Trainers and medical practitioners roped in for outreach
- Fully equipped Rehabilitation centres
- School and college programmes.
- Conducting health camps to identify the alcoholic patients for referral

Group 3: NGOs can address

- Forming Parents' association and develop parenting skills
- Educational institutions – approach
- Games and entertainment activities
- Formation of health, hygiene groups for school dropouts
- Cultural approach
- Links with health department and awareness through SHGs
- Forming Children's parliament
- Health awareness camps
- Surveys through youth clubs and SHGs
- Making use of Village Information/Knowledge centres
- Forming Village recreation centres
- NGO Coordination Committees to be strengthened
- Trainings for NGOs/ CBOs
- Training of Trainers programmes and Capacity building
- Recreation materials/Resource materials
- Financial assistance
- Monitoring Committee

Group 4: Policy Advocacy

- No state level policy so far
- But groups / institutions exist for advocacy
- Lobbying important is pertinent
- Data on alcohol abuse prevalence is necessary
- Commission study for cost-benefit analysis
- Build a background for lobbying effectively

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60	Sumanthi	SG Stella, Chennai 9381048838
61	Vinoth	SG Stella, Chennai 9381048838
62	Amitha Krishnan	Sangamam, Stella Marrys College 9840210063
63	P.Guna Sundari	Chemmencherry
64	A.Mani megalai	Chemmencherry
65	L.Jagatheeswari	Chemmencherry
66	Racky Jacob	University of Madras
67	Prabhu	University of Madras
68	Ganeshman Gurung	University of Madras
69	Elizabeth Rani	University of Madras
70	R.Deepa	University of Madras
71	R.Lakshmi	University of Madras
72	Joice Nithya.S	University of Madras
73	R.Shunmugam	98854 28694
74	C.Kasinathan	
75	G.Kumar	
76	M.William Raj kumar	UDAVI 9444206195

77	J.G.Lisbun Kumar	Daily Thanthi 98412 96199
78	Hannah Stephen	Action aid 9940481851
79	A.John Kennedy	UDAVI 944362223
80	SS.Ajai	Action Aid India 9840706656
81	C.Kamalnathan	Action Aid India 9840706656
82	Padma	Care India 98412 90315
83	J.Ramani	ROSE trust 9442557223
84	Dr.Patchaimal	CENDECT 94430 47245, 04546 247245
85	V.Nadana Sabapathy	CREED 9443261181
86	Asha	Community Health Cell 98840 80796
87	K.S.Krishna swamy	Member, National Steering Committee, UNDP. SGP, Gol 9381047991
88	Dr.S.Augustine Arokciaraj, M.B.B.S S. D.Rajendran	C-DOT, 9884654915 9380192044
89	C.F. Stanely S. Kaspear	9940493228 C-DOT 9380553423 C-DOT
90	Fr.Manu Alphonse	Social Watch
91	C.S.Venkateswaran	9884462425
92	Latha Caleb	Save the Children
93	S.Karthick	The Hindu 28413344
94	Alagiri	Dinamalar 9940442094
95	Dr.V.M.Suresh	University of Madras 94442 05566
96	Tamil Kumar, Nalini Keshavaraj, Suresh, Anuradha, Feby & Parivelan	TNTRC 044-28264141

Press Clippings

கடலோர மக்கள் 'தண்ணி' போடுவது அதிகரிப்பு

சென்னை, அக். 21-

கனாமியின் விளைவால் சென்னை கடலோரப் பகுதிகளில் 'தண்ணி' பழக்கம் அதிகரித்துள்ளதாக அதிகாரி வரமான தகவல்கள் ஆய்வில் தெரிய வந்துள்ளன.

கனாமிக் குப்பைப் பிடுகு கடலோரப் பகுதிகளிலுள்ள மக்களின் சமூக, பொருளாதார, கலாச்சார, நிலைகள் எந்த அளவுக்குப் பாதிக்கப் பட்டுள்ளன என்று சமூக நிறுவன மேம்பாட்டு நிறுவன அரக் ஸ்டான் (சி.எட்.) ஆய்வு செய்தது. தமிழ்நாடு கனாமி ஆகார மையம் உதவியோடு நடந்த ஆய்வின் அறிக்கையின், தீவிரவாய் மற்றும் மறுவாழ்வு துறை அரசு இணை செயலர் வெள்கிட்டன், சென்னைப் பல்கலைக்கழக துணை வேந்தர் ராமச்சந்திரன் ஆகியோர் வெளியிட்டனர்.

அந்த அறிக்கையில் ஆய்வுக் குழுக்களில் கூறப்பட்டிருப்பதாவது: கனாமியால் பாதிக்கப்பட்ட

கனாமியால் ஏற்பட்ட விளைவு இது என ஆய்வில் தகவல்

சென்னை கடற்பகுதி மக்கள் கடலோர உள்வாங்கு பழக்கம் குறித்தும், அதன் விளைவுகள் குறித்தும் ஆய்வுகள் மேற்கொள்ளப் பட்டன. எண்ணூர், சிவசாபுரம் ஆகிய பகுதிகளில் மேற்கொண்ட ஆய்வில் 74.06 சதவீதத்தினர் குடிப் பழக்கம் உடையவர்கள் என்றும், 10 வயதில் இருந்தே குடிக்க ஆரம்பித்து விட்டவர்கள் என்றும் அப்பகுதி மக்கள் தெரிவித்தனர்.

கனாமிக்கு முன் 329.14 மி.லி.வும், கனாமிக்குப் பின் (தீவிரவாய்) கிடைக்கும் முன் 329.18 மி.லி.வும் இப்பகுதி மக்கள் மது குடித்துள்ளனர். கனாமி தீவிரவாய் பணம் வழங்கப்பட்ட போது, இதன் அவல உயர்ந்து 407.14 மி.லி. மது குடித்துள்ளனர். தற்போது இது 316.72 மி.லி. என்ற அளவில்

உள்ளது. தங்களுக்கு கிடைத்த தீவிரவாய் பணத்தை 64.17 சதவீதத்தினர் மது குடிப்பதற்கே அதிகம் செலவழித்துள்ளனர். குடிப்பழக்கம் உடைய 35.29 சதவீதத்தினர் தீவிரவாய் பணத்தை முழுவதும் மதுவுக்காகச் செலவழிக்கவில்லை.

சோர்வு, உடல்வலி, மலிந்தி, தூக்கமின்மை, மன அழுத்தம் ஆகிய காரணங்களால் மது குடிப்பதாக தெரிவித்தவர்கள் ஆனாலும், சிலர் கனாமியால் நினைவு மீறல் பழக்கத்தை விட்டு விட்டதாக கூறுவது ஆறுதலாக விடப்படும். இதுதவிர 64.38 சதவீதத்தினர் புகைகளை வலைய போதக்கூடிய பயன்படுத்துகிறார்கள். போதைப் பொருட்களான ஹாஸ்க் (18.75%), பான்பார்க் (17.5%) போன்றவையும்

பயன்படுத்தப்படுகின்றன.

வயதில் மூத்த ஆண்களின் சிகிச்சை தரக்கூடிய 10 வயதாக இருந்த போதே குடிக்க ஆரம்பித்து விட்டதாக கூறுகின்றனர். இளைஞர்கள் இதனை நியாயப்படுத்தி தங்களுக்கும் மது குடித்துப் பரிசீலித்துப் பார்ப்பதாக கூறுவது எதிர்காலத் தலைமுறை மினரில் வாழ்க்கையை மேம்படுத்தி யாகியவர்கள்.

மதுப் பழக்கம் குறித்த முக்கிய கண்டுபிடிப்புகள்:

* சென்னை கடற்கரையோரத்தில் 74.06 சதவீதத்தினர் குடிப் பழக்கம் உடையவர்கள். இதில் 36.8 சதவீதத்தினர் இதற்கு அடிமையாக உள்ளனர்.

* இவர்களின் மாத வருமானம் 1970.47 ரூபாய் என்றால் மது குடிப்பதற்கு 640.10 ரூபாய் செலவு

வழிக்கின்றனர்.

* குடிப்பழக்கத்தால் 6.25 சதவீதத்தினர் மனவியை சந்தேகப் படுகின்றனர். 34.4 சதவீதத்தினர் குடித்து விட்டு வந்து விட்டால் சனாமி போடுகின்றனர். 38.18 சதவீதத்தினர் மனவியையும், 13.8 சதவீதத்தினர் குடிக்கையைக் கொடுமைப்படுத்துகின்றனர்.

தீர்வு என்ன? பெரும்பாலானவர்கள் மதுப் பழக்கத்தில் இருந்து விடுபடாதான் விருப்பமுடையவர். அரசு மற்றும் தன்னார்வ தொண்டு அமைப்புகள் இதற்கான நடவடிக்கைகளை எடுத்து உதவி. வேண்டிய பயிற்சியும், விழிப்புணர்வு, கல்வி, நடைபயண மீட்டாரம், நெருமனை தடக்கங்கள், பொழுது போக்குகள், விளையாட்டு மற்றும் வேளாண்மை போன்ற பல்வேறு நடவடிக்கைகள் மேற்கொண்டால் மதுப் பழக்கத்தில் இருந்து கடலோரப் பகுதி மக்களை மீட்டக்கூடும்.

இவ்வாறு அந்த ஆய்வறிக்கை மிக் கூறப்பட்டுள்ளது.

★★ தினத்தந்தி சென்னை 20-10-2006 25

கனாமி நிவாரண நிதி வழங்கப்பட்ட பிறகு

மீனவர்களிடையே குடிப்பழக்கம் அதிகரித்துள்ளது சென்னையில் நடத்தப்பட்ட ஆய்வில் அதிர்ச்சி தகவல்

சென்னை, அக்.20-

சென்னையில் கனாமி நிவாரண நிதி வழங்கப்பட்ட பிறகு மீனவர்களிடையே குடிப்பழக்கம் அதிகரித்திருக்கிறது என்ற அதிர்ச்சியூட்டும் தகவல் தொண்டு நிறுவனம் நடத்திய ஆய்வில் தெரிய வந்துள்ளது.

கனாமி பாதிப்பு

கடந்த 2004-ம் ஆண்டு டிசம்பர் மாதம் ஏற்பட்ட கனாமியால் தமிழ்நாடு கடுமையாக பாதிக்கப்பட்டது. கடலோர மாவட்டங்களான சென்னை, கடலூர், நாகப்பட்டினம் போன்றவை அதிக பாதிப்புக்கு உள்ளாகின.

குழந்தைகள், பெண்கள் உள்பட நூற்றுக்கணக்கானவர்கள் உயிரிழந்தனர். கனாமியால் கடுமையாக பாதிக்கப்பட்டவர்கள் மீனவர்கள்தான். கனாமி காரணமாக பல மாதங்களாக கடலுக்கு அவர்கள் மீன்பிடிக்கச் செல்ல இயலவில்லை. மீன்பிடி தொழில் செய்ய முடியாமல் அவர்கள் பெரிதும் பாதிக்கப்பட்டனர்.

சென்னையில் ஆய்வு

இந்த நிலையில், மத்திய, மாநில அரசுகளின் நிதியுதவி மற்றும் பல்வேறு தொண்டு நிறுவனங்களின் நிதி உதவியுடன் கனாமி பாதிக்கப்பட்ட மாவட்டங்களில் பல கோடி ரூபாய் செலவில் நிவாரண பணிகளும் மறுவாழ்வு பணிகளும் மேற்கொள்ளப்பட்டு வருகின்றன. மேலும் பாதிக்கப்பட்ட ஒவ்வொரு குடும்பத்தினருக்கும் தமிழக அரசு சார்பில் தலா ரூ.2 ஆயிரம் நிவாரண உதவியாக வழங்கப்பட்டது.

இந்த நிலையில், சென்னை கடலோரப் பகுதிகளில் கனாமி பாதிப்புக்குப் பிறகு மக்களின் வாழ்க்கை நிலை பற்றி அறிந்து கொள்வதற்காக தமிழ்நாடு கனாமி ஆதார மையத்தின் உதவியுடன் சமூக மேம்பாட்டு நிறுவன அறக்கட்டளை என்ற தொண்டு நிறுவனம் ஒரு ஆய்வை மேற்கொண்டது.

அதிர்ச்சியூட்டும் தகவல்

அந்த அறக்கட்டளையின் இயக்குனர் எஸ்.டி. ராஜேந்திரன் தலைமையில் சுமார் 15 ஊழியர்கள் ஆய்வு பணியில் ஈடுபட்டனர். கடந்த 6 மாதங்களாக நடத்தப்பட்ட இந்த ஆய்வின் முடிவு சென்னையில் நேற்று வெளியிடப்பட்டது. இந்த ஆய்வறிக்கையில் பல அதிர்ச்சியூட்டும் தகவல்கள் இடம் பெற்றுள்ளன. அதன் விவரம் வருமாறு:-

சென்னை கடலோரப் பகுதிகளில் வாழும் மீனவர்களில் 74 சதவீதம் பேர் குடிப்பழக்கம் உடையவர்களாக இருக்கிறார்கள். கனாமி நிவாரண நிதி வழங்கப்பட்ட பிறகு மீனவர்களிடையே குடிப்பழக்கம் அதிகரித்துள்ளது. வழக்கமாக குடிக்கும் அளவை விட தற்போது அவர்கள் கூடுதலாக குடிக்கிறார்கள்.

கடலுக்குச் சென்றுவருவதால் ஏற்படும் உடல்வலி, சோர்வு காரணமாகத்தான் மீனவர்கள் குடிக்கிறார்கள் என்று பெரும்பாலான மீனவப் பெண்கள் கூறுகிறார்கள். குடிப்பழக்கத்திற்கு அடுத்தபடியாக மீனவர்களிடையே புகையிலை போடும் பழக்கமும் அதிகமாக உள்ளது. 67 சதவீதம் பேர் புகையிலை போடும் பழக்கத்திற்கு அடிமையாக உள்ளனர். மேலும் 3 சதவீதம் பேர் கஞ்சா போடும் பழக்கம் உடையவர்களாக இருக்கிறார்கள். கனாமிக்கு முன்பு மது, புகையிலை பொருள்களுக்கு தினசரி சுமார் ரூ.15 செலவழித்து வந்தவர்கள் கனாமி நிவாரண நிதி வழங்கப்பட்ட பிறகு அதைவிட கூடுதலாக செலவழிக்க தொடங்கி இருப்பதும் ஆய்வில் தெரிய வந்துள்ளது.

அறக்கு கோரிக்கை

இந்த ஆய்வறிக்கை வெளியிடப்படையோடும் தமிழ்நாடு கனாமி ஆதார மையம் சார்பில் 'குடிப்பழக்கம் உள்ள மீனவர்களிடையே கனாமி ஏற்படுத்தியுள்ள பாதிப்பு' என்ற தலைப்பில் நேற்று ஒரு பரிலரங்கம் நடத்தப்பட்டது. பெங்களூர் தேசிய மனநலம் மற்றும் நரம்பியல் நிறுவனத்தின் பேராசிரியர் டாக்டர் விவேக் பென்கல், சென்னை பல்கலைக்கழக புலியியல் துறைத் தலைவர் டி.வசந்தகுமாரன், சமூக மேம்பாட்டு அறக்கட்டளை இயக்குனர் ராஜேந்திரன் ஆகியோர் கலந்துகொண்டு போஸ்தபழக்கத்தை கட்டுப்படுத்துவது பற்றி உணர்வுகூறியனர்.

இந்த பரிலரங்கம், பல்வேறு மாவட்டங்களில் நேர்த்த தொண்டு நிறுவனங்களின் பிரதிநிதிகள் கலந்து கொண்டனர். அனைத்து ஆரம்ப ககாதார மையங்களிலும் போதை மறுவாழ்வு மற்றும் ஆலோசனை மையங்கள் அமைக்க வேண்டும் என்றும், பாஸ்மாக்கடைகளின் வேலைநிறுத்தத்தை குறைக்க வேண்டும் என்றும், 21 வயதுக்கு கீழே உள்ளவர்களுக்கு மதுபானம் விற்கக் கூடாது என்றும் அவர்கள் அறக்கு கோரிக்கை வைத்தனர்.

Alcohol abuse high in tsunami-hit areas

By OUR CORRESPONDENT

Chennai, Oct. 22: Alcohol abuse among the coastal regions has increased, especially after the tsunami hit the shores of Tamil Nadu, according to a report released by Tamil Nadu Tsunami Resource Centre and Community Development Organisation Trust.

The study, which was started to find out alcohol consumption pre and post tsunami and the effect of alcohol consumption on the family, was conducted

among 320 in two coastal hamlets in Chennai district at Ennore and Srinivasapuram conducted through personal interviews and focus group discussions.

According to the study, 52.8 percent of the men were dependent on alcohol and many of them are in the extreme stages of alcohol abuse. Various reasons including post tsunami trauma, excessive relief money and easy availability of alcohol are being attributed to the alcohol abuse.

According to the study, 52.8 percent of the men were dependent on alcohol and many of them are in the extreme stages of alcohol abuse.

"The alcohol dependent persons were abusing 329.64 ml before tsunami, 229.18 ml immediately after tsunami, 407.14 ml when the relief money was disbursed and 350.92ml at present. The

average income of the total sample was Rs. 1970.47 and on an average they were spending about 42.65% of their monthly income of Rs. 840.40," the report said. From interviews con-

ducted with the spouses of the population it was found that nearly 69.64% of the adolescents and children reported psychological abuse and 50% of them reported physical abuse also.

In contrast, only 9.52% of the men had reported physical abuse of their children.

A worrisome trend showed that children thought their fathers consumed liquor because of body pain or physical and mental stress.

"The children believe

that alcohol could relieve stress which could lead to getting on to the habit themselves sooner," the report said. The report recommends motivational programmes and information about alcohol abuse and view alcohol as a disease than just an addiction.

"Establishing de-addiction centres so that treatment is accessible and psychological care for those facing trauma after tsunami may help reducing alcohol dependence of the men," the report added.

4 With The New Indian Express

Chennai, Saturday, October 21, 2006

Post tsunami, drinking habits on the rise

Express News Service

Chennai, October 20

AFTER almost two years since the tsunami destroyed lives, properties and livelihood, the drinking habit among the affected survivors in Chennai is on the rise, according to a study.

The study on 'Impact of Tsunami on Alcohol Abuse in Chennai' conducted by the Tamil Nadu Tsunami Resource Centre (TNTRC) and the Community Development Organisation Trust (C-DOT) in Ennore and Srinivasapuram was released here on Thursday. The study covered 320 affected persons from April 2006 to September 2006.

It revealed that the affected persons were using 329.64 ml of liquor before tsunami which dropped to 229.18 ml immediately after tsunami and had gone up to 407.14 ml after getting the relief money.

However, currently it was 350.92 ml. "The consumption had a direct effect on the family of those who were taking liquor. Almost 74.06 percent of the coastal population are into drinking habit. There is a wide variation in the duration of

drinking and the age of first drink is 10 years which has shocked the researchers," said the study.

As much as 19.39 percent of women, adolescents and children reported that the problems worsened after tsunami.

The alcohol had a direct effect on adolescents and children with 69.64 percent reported psychological abuse and 50 percent physical.

However, among the sample, 61.8 percent of women, adolescents and children reported no change in behaviour after tsunami among those who consumed alcohol.

The researchers observed that among considerable number of persons, traumatic responses were not resolved which led to continuous consumption of alcohol. With a lot of them wanting treatment for alcoholism, the social workers who gathered on Thursday came out with a set of recommendation that included creating awareness campaigns in form of rallies, street plays and other medias. They also wanted establishment of de-addiction centres in these areas which would help them to seek help.

Releasing the study vice-

chancellor of University of Madras, S Ramachandran, said, "After tsunami, restoring ecology is a big task which would affect the livelihood of persons." He pointed out that efforts were on to come out with an integrated coastal management plan that could help in improving the social and economic status of the society. "With all these approaches probably we could bring them out of alcoholism," he hoped.

Joint Commissioner, Revenue Administration, Relief and Rehabilitation, R Venkatesan, said more discussions were necessary to come out with a plan to relieve tsunami affected persons from alcohol problems.

Dr Vivek Benegal of National Institute of Mental Health and Neuro Sciences said, "Disasters increased the pre-existing problem of alcoholism. The amount that the governments spend on helping persons to come out of alcoholism is less than the revenue they get by selling the liquor."

Manager of TNTRC, Nalini Keshavaraj, S D Rajendran of C-DOT and Father Manu Alphonse of Social Watch also participated.



Study conducted by
**Community
 Development
 Organisation
 Trust (C-DOT)**

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